

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11302Y Forms **999** (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 1,132,971,366	including grants of \$ 2,659,765	(Revenue \$ 1,491,302,483 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ▶	1,132,971,366
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>26</b> 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? If "Yes," complete Schedule L, Part II . . . . .		No
<b>27</b> 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? If "Yes," complete Schedule L, Part III . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> 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? If "Yes," complete Schedule L, Part IV . . . . .	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		No
<b>38</b> 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 . . . . .	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	155	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	10	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	12,061	
<b>b</b>	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	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<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?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 84		
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			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 71		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: **AK, CA, CO, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, RI, SC, TN, UT, 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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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 1587 Northeast Expressway ATLANTA, GA 30329 (404) 785-7944**

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

**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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								8,555,386	5,658,246	1,306,503

**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 ► 742

	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> . . . . .	3 Yes	
<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> . . . . .	4 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> . . . . .	5	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
MORRIS DICKSON CO LLC, PO BOX 51367 SHREVEPORT, LA 711351367	PHARMACY DISTRIB	38,598,969
PEDIATRIC EMERGENCY MEDICINE ASSOCI, 2247 SALIENT ROAD MARIETTA, GA 300641360	EMERGENCY SERVICES	18,721,079
CVS CAREMARK LLC, PO BOX 840336 DALLAS, TX 752840336	PRESCRIPTION SVCS	17,168,027
BRASFIELD GORRIE LLC, PO BOX 11407 BIRMINGHAM, AL 352460351	CONTRACTING SVCS	15,003,408
CHEMISTRY ATLANTA, 535 SMITHFIELD STREET SUITE 550 PITTSBURGH, PA 15222	MRKTNG & ADVRT SVCS	7,217,868

**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 ► 212



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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	4,214,871			
	<b>d</b> Related organizations	<b>1d</b>	0			
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,173,962			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	78,382,511			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		1,945,578			
	<b>h Total.</b> Add lines 1a-1f . . . . .		94,771,344			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PATIENT SERVICE REV	622310	1,427,596,862	1,427,596,862	0	0
	<b>b</b> GRADUATE MEDICAL FUNDING	622310	6,337,030	6,337,030	0	0
	<b>c</b> STATE NEONATE INCOME	622310	4,051,412	4,051,412	0	0
	<b>d</b> MANAGEMENT SERVICE FEES	622310	40,010,189	40,010,189	0	0
	<b>e</b> TUITION INCOME	622310	415,946	415,946	0	0
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		1,478,411,439			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,066,299			5,066,299
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		3,117,978				
	<b>b</b> Less rental expenses	4,498,851				
	<b>c</b> Rental income or (loss)	-1,380,873 0				
	<b>d</b> Net rental income or (loss) . . . . .		-1,380,873			-1,380,873
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		2,774,594 30,539				
	<b>b</b> Less cost or other basis and sales expenses	1,931,393 51,899				
	<b>c</b> Gain or (loss)	843,201 -21,360				
	<b>d</b> Net gain or (loss) . . . . .		821,841			821,841
	<b>8a</b> Gross income from fundraising events (not including \$ 4,214,871 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	8,830,053			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	2,268,937			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		6,561,116			6,561,116
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code					
<b>11a</b> MEANINGFUL USE	900099	2,358,842	2,358,842	0	0	
<b>b</b> GIFT SHOPS	900099	1,927,771	1,927,771	0	0	
<b>c</b> PARKING	900099	1,375,059	1,375,059	0	0	
<b>d</b> All other revenue . . . . .		7,229,372	7,229,372	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		12,891,044				
<b>12 Total revenue.</b> See Instructions . . . . .		1,597,142,210	1,491,302,483	0	11,068,383	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,647,871	2,647,871		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	11,894	11,894		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,580,478	990,605	530,931	58,942
<b>6</b> 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
<b>7</b> Other salaries and wages.	679,006,496	559,221,149	113,531,666	6,253,681
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	30,538,990	25,137,568	5,401,422	0
<b>9</b> Other employee benefits.	84,537,370	69,585,270	13,491,710	1,460,390
<b>10</b> Payroll taxes.	41,429,756	34,102,087	7,327,669	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	1,020,214	267,928	752,286	0
<b>b</b> Legal.	0	0	0	0
<b>c</b> Accounting.	406,950	0	406,950	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,010,394	8,794,978	3,101,937	113,479
<b>12</b> Advertising and promotion.	11,071,370	4,965,881	5,559,173	546,316
<b>13</b> Office expenses.	9,252,418	4,606,992	3,980,583	664,843
<b>14</b> Information technology.	22,756,778	18,834,543	3,917,181	5,054
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	23,597,108	17,799,705	5,785,496	11,907
<b>17</b> Travel.	2,334,612	1,165,330	1,036,722	132,560
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	5,673,650	3,083,807	2,411,030	178,813
<b>20</b> Interest.	19,933,634	28,268	19,905,366	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	60,368,443	43,540,788	16,827,655	0
<b>23</b> Insurance.	10,115,690	5,444,091	4,671,599	0
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	169,018,688	167,987,482	1,023,550	7,656
<b>b</b> PURCHASED SVCS MED	41,676,445	41,676,445	0	0
<b>c</b> BAD DEBT EXPENSE	25,377,577	25,377,577	0	0
<b>d</b> PURCHASED SVCS NON MED	20,033,896	16,059,515	0	3,974,381
<b>e</b> All other expenses	88,074,754	81,641,592	5,865,101	568,061
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,362,475,476	1,132,971,366	215,528,027	13,976,083
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		69,619,497	<b>1</b>	77,319,733
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		39,458,149	<b>3</b>	42,334,959
	<b>4</b>	Accounts receivable, net . . . . .		150,023,334	<b>4</b>	174,759,292
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		20,354,469	<b>8</b>	20,737,174
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		9,042,088	<b>9</b>	13,019,227
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 1,497,991,876			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 878,443,268	580,446,253	<b>10c</b>	619,548,608
	<b>11</b>	Investments—publicly traded securities . . . . .		135,236,762	<b>11</b>	143,045,222
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		134,631,112	<b>12</b>	140,794,286
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,253,107,556	<b>15</b>	2,453,998,064
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		3,391,919,220	<b>16</b>	3,685,556,565	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		163,599,191	<b>17</b>	195,719,966
	<b>18</b>	Grants payable . . . . .		7,265,836	<b>18</b>	7,556,469
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	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	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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.		489,978,722	<b>25</b>	472,623,652
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		660,843,749	<b>26</b>	675,900,087
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		2,262,555,867	<b>27</b>	2,512,460,158
	<b>28</b>	Temporarily restricted net assets . . . . .		291,662,967	<b>28</b>	301,267,775
	<b>29</b>	Permanently restricted net assets		176,856,637	<b>29</b>	195,928,545
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		2,731,075,471	<b>33</b>	3,009,656,478
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		3,391,919,220	<b>34</b>	3,685,556,565

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,597,142,210
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,362,475,476
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	234,666,734
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,731,075,471
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	43,914,273
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,009,656,478

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 90-0779996  
**Name:** CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Form 990 (2016)

**Form 990, Part III, Line 4a:**

THE CHILDRENS HEALTHCARE OF ATLANTA FOUNDATION, INC WAS ESTABLISHED IN 2008 AND WORKS TO ENGAGE THE COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERISM IN SUPPORT OF THE MISSION AND VISION OF CHILDRENS HEALTHCARE OF ATLANTA IN 2016, THE FOUNDATION HAD 77 PAID STAFF AND 5,782 VOLUNTEERS CHILDRENS AT EGLESTON AND CHILDRENS AT SCOTTISH RITE ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE THROUGH STRATEGIC PLANNING PROCESSES COMPLETED FOR THE CHILDRENS HEALTHCARE OF ATLANTA SYSTEM AS PART OF A 10-YEAR PLAN LAUNCHED IN 2007, CHILDRENS IS FOCUSING ON CLINICAL, RESEARCH, TEACHING AND WELLNESS IN ADDITION, IN FEBRUARY 2006, A MANAGEMENT AGREEMENT WAS SIGNED FOR CHILDREN'S AT HUGHES SPALDING, OWNED BY GRADY HEALTH SYSTEM, TO BE OPERATED BY HSOC INC -AN AFFILIATE OF CHILDREN'S THE MISSION OF CHILDRENS AT HUGHES SPALDING IS TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW CHILDREN'S BROKE GROUND ON A NEW FOUR-STORY FACILITY FOR CHILDREN'S AT HUGHES SPALDING IN AUGUST 2008 THIS NEW FACILITY OPENED IN FALL 2009 AND HOUSES CHILD-FRIENDLY INPATIENT BEDS, AN ENHANCED EMERGENCY DEPARTMENT AND SPECIALTY CLINICS FOR SICKLE CELL DISEASE, ASTHMA, PRIMARY CARE AND CHILD PROTECTION SERVICES IN 2016, THE THREE HOSPITALS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC PROVIDED 575 LICENSED BEDS AND MANAGED 1,008,830 PATIENT VISITS, 391,277 UNIQUE PATIENTS, 27,836 HOSPITAL DISCHARGES, 161,475 INPATIENT DAYS, 973,482 OUTPATIENT VISITS, 42,781 SURGICAL PROCEDURES (INPATIENT AND OUTPATIENT), 236,595 EMERGENCY DEPARTMENT VISITS, 154,091 URGENT CARE CENTER VISITS AND 42,331 PRIMARY CARE VISITS CHILDRENS ALSO MANAGED 81,047 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDRENS NURSE ADVICE LINE MARCUS AUTISM CENTER IS A NOT-FOR-PROFIT ORGANIZATION WITH A MISSION TO PROVIDE INFORMATION, SERVICES AND PROGRAMS TO CHILDREN WITH AUTISM SPECTRUM DISORDER, THEIR FAMILIES AND THOSE WHO LIVE AND WORK WITH THEM MARCUS AUTISM CENTER OFFERS INTEGRATED ADVANCED CLINICAL, BEHAVIORAL, EDUCATIONAL AND FAMILY SUPPORT SERVICES THROUGH A SINGLE ORGANIZATION TO REDUCE THE STRESS FOR FAMILIES THAT USE OUR SERVICES MARCUS AUTISM CENTER HAD ITS BEGINNINGS AS THE MARCUS DEVELOPMENTAL RESOURCE CENTER AT EMORY UNIVERSITY IN 1991 SINCE THEN, WITH THE HELP OF COMMUNITY SUPPORT, MARCUS AUTISM CENTER HAS TREATED MORE THAN 40,000 CHILDREN IN 2016, THEY TREATED NEARLY 5,000 INDIVIDUAL PATIENTS AND DIRECTLY IMPACTED 5,000 CHILDREN IN GEORGIA AND BEYOND THROUGH CLINICAL CARE, RESEARCH OR COMMUNITY OUTREACH THROUGH GENEROUS DONATIONS, MARCUS AUTISM CENTER HAS BECOME A NATIONALLY RECOGNIZED CENTER FOR EXCELLENCE FOR THE PROVISION OF COORDINATED AND COMPREHENSIVE SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER SINCE INCEPTION, MARCUS AUTISM CENTER HAS PROVIDED SERVICES TO MORE THAN 40,000 INDIVIDUALS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, MARCUS AUTISM CENTER IS STRENGTHENING THE COMMUNITY THROUGH ADVOCACY AT THE LOCAL AND STATE LEVEL MARCUS AUTISM CENTER STRIVES FOR FULLER INTEGRATION OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER INTO SCHOOL AND COMMUNITY LIFE, BETTER ACCESS FOR FAMILIES TO APPROPRIATE CLINICAL AND EDUCATIONAL SERVICES, AND ENHANCED FUNDING FOR RESEARCH AND TRAINING THE CENTER'S SERVICES INCLUDE PROVIDING CHILDREN AND THEIR CAREGIVERS SUPPORT, OPPORTUNITY, ENCOURAGEMENT, PRIDE, COMMITMENT AND DETERMINATION IN 2016, THE RESEARCH TEAM AT MARCUS AUTISM CENTER CONTINUED WORK AS AN NIH AUTISM CENTER OF EXCELLENCE, RECORDING THOUSANDS OF VISUAL AND VOCAL MEASUREMENTS OVER INFANTS FIRST YEARS OF DEVELOPMENT IN ADDITION, MARCUS AUTISM CENTER CONTINUED THEIR INVOLVEMENT IN A SCALABLE, PUBLIC ACTION strategy called "talk with me baby", which is aimed at increasing early exposure to language and public understanding of the primacy of language This program provides professional development to nurses, the nation's largest healthcare workforce who will coach new and expectant parents to deliver "language nutrition" to their kids

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			
Jesse Spikes ..... Indiv Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
Ami Klin ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Larry Smith ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Barbara Stoll MD ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Gregory Abowd ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
John Dyer ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Rebecca Flick ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Frederick R Marcus PhD ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Walt Deriso ..... Indiv Trustee - MAC	1 0 ..... 0 0	X						0	0	0
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			
Jimmy Carlos ..... Indiv Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Tom Giddens ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Mary Ellen Imlay ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Mark Kaufmann ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Scott MacLellan ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
William Pate ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Bea Perez ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Christy Roberts ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Virginia Brewer ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
David Fagin ..... Individual 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			
Jack Markwalter ..... Individual Trustee - Fdn	1 0 ..... 0 0	X						0	0	0
Lovette Russell ..... Individual Trustee - Fdn/HSOC	1 0 ..... 0 0	X						0	0	0
Daniel Salinas MD ..... CMO/INDIV TRUSTEE - ECH/SR/EA	10 0 ..... 40 0	X						0	609,701	131,022
Jackie Montag ..... Individual Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
Madelyn Adams ..... Individual Trustee - HSOC	1 0 ..... 0 0	X						0	0	0
Adam Fuller ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
Helen Carlos ..... Individual Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Ira Moreland ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Mark Rudel ..... Individual Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Michelle Jarrard ..... IND TRUSTEE-FDN/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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patti Dickey ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Ronald Frieson ..... Indiv Trustee - HSOC/PRES FDN	1 0 ..... 50 0	X		X				0	601,115	58,476
Cameron Sherrill ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Allison Moran ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Charlie Brown ..... Indiv Trustee-MAC	1 0 ..... 0 0	X						0	0	0
David Sapp ..... Indiv Trustee-MAC	1 0 ..... 0 0	X						0	0	0
Jack Cay ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Jim Fortenberry MD ..... Indiv Trustee-FDN	1 0 ..... 40 0	X						0	388,329	26,442
John Montag ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Kristine Faulkner ..... 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			
Nick McKay ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Paul Bowers ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Tyler Woolson ..... Indiv Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Bernie Marcus ..... Indiv Trustee-MAC	1 0 ..... 0 0	X						0	0	0
Charles Shaffer Jr ..... Ind Trustee - MAC/BRD Emeritus	1 0 ..... 0 0	X						0	0	0
Richard Courts ..... INDIV TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
Shannon Sullivan ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
William Taggart ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Farah Chapes ..... Indi Ttee-MAC/VP Acadmic Admin	1 0 ..... 0 0	X						105,014	0	10,624
Tripp Rawls ..... Individual 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pat Frias ..... Individ Trstee-MAC	10 0 ..... 40 0	X						0	804,040	162,401
Bernie Dixon ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Cedric Miller MD ..... Indiv Trustee/Chief Em Svcs	40 0 ..... 0 0	X						127,482	0	0
David Ratcliffe ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Eddie Myers ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Ernest Greer ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Jeff Seaman ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Jonathan Goldman ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Joe Williams MD ..... TRUST/CLIN PHYS-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						29,850	0	0
Keith Mason ..... 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			
Liz Blake ..... Indiv Trustee-ECH/SR/EAS/EPG	0 0 ..... 0 0	X						0	0	0
Stephanie Blank ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Stephanie Jernigan MD ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Steve Cahillane ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Tom Noonan ..... Indiv Trustee-ECH/SR/EAS/EPG	1 0 ..... 0 0	X						0	0	0
Alan Dahl ..... Individual Trustee	1 0 ..... 0 0	X						0	0	0
Jody Ohlmeyer ..... Individual Trustee-HSOC/VP Fin	40 0 ..... 10 0	X						368,092	0	20,328
Lucky Jain ..... Individual Trustee-MAC/Exec	40 0 ..... 0 0	X						0	233,111	0
Lynn Perez ..... Indi Trustee-MAC/VP Ops MAC	40 0 ..... 0 0	X						108,546	0	8,265
Michael Riley ..... Individual Trustee	40 0 ..... 0 0	X						258,994	0	27,311

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			
Edwin Smith MD ..... Individual Trustee-System	1 0 ..... 0 0	X						0	0	0
Carol Tome ..... Individual Trustee-System	1 0 ..... 0 0	X						0	0	0
Chantal Bagwell ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Jay Cunningham ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Allison Dukes ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Marie Foster ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Lige Gillis ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Bill Mahle MD ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Marcia Taylor ..... Individual Trustee-FDN	1 0 ..... 0 0	X						0	0	0
Mark Gilreath ..... Individual 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			
Beatrice Gee MD ..... Individual Trustee-HSOC	1 0 ..... 0 0	X						0	0	0
Joy Smith MD ..... Individual Trustee-HSOC	1 0 ..... 0 0	X						0	0	0
Charles Ogburn ..... Individual Trustee-System	1 0 ..... 0 0	X						0	0	0
Doug Black ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Donna Hyland ..... Pres/CEO - ECH/SR/EAS/EPG/MAC	10 0 ..... 40 0			X				0	1,411,868	365,328
Ruth Fowler ..... Treas ECH/SR/FDN/EAS/EPG/MAC	10 0 ..... 40 0			X				0	685,478	140,190
Leslie Jones ..... Sec - ECH/SR/EAS/EPG/MAC/HSOC	10 0 ..... 40 0			X				0	492,441	35,192
Tonja Bridges ..... Dir Fdn Admn/Brd Corp Sect-Fdn	50 0 ..... 0 0			X				117,886	0	26,566
Mary Beth Bova ..... SVP OPS-ECH/IND TRUSTEE-HSOC	50 0 ..... 0 0				X			355,512	0	25,490
Jill Strickland ..... SVP Physician Practices Ops	50 0 ..... 0 0				X			319,779	0	26,594

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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		
(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)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
Stacey Deweese ..... VP Operations-SR		50 0 ..... 0 0				X			231,383				0	31,847
Linda Cole ..... SVP Operations/CNO		10 0 ..... 40 0				X			0				432,163	26,542
John Bleacher ..... Surgeon		50 0 ..... 0 0					X		916,917				0	13,508
Julie Gleason ..... Surgeon		50 0 ..... 0 0					X		927,433				0	21,032
Joseph Bussey ..... Surgeon		50 0 ..... 0 0					X		858,241				0	26,616
Andrew Reisner ..... Neurosurgeon		50 0 ..... 0 0					X		908,003				0	27,212
William Boydston ..... Prac Dir Neursurgical Svcs		50 0 ..... 0 0					X		981,644				0	25,063
Robert C Wilde ..... Former Trustee - HSOC/CTO		1 0 ..... 0 0						X	424,575				0	28,082
Eugene Hayes ..... Former Pres FDN/Sr Development		10 0 ..... 40 0						X	294,553				0	17,529
Burt Lesnick ..... FORMER IND TSTEE/PULMONOLOGIST		40 0 ..... 10 0						X	421,526				0	13,835

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			
George Raschbaum ..... Former Trustee/Surgeon	50 0 ..... 0 0						X	799,956	0	11,008



<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service <b>Name of the organization</b> CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	<b>Employer identification number</b> 90-0779996

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	60,498,767	90,979,701	81,478,337	78,702,680	94,771,344	406,430,829
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	<b>Total.</b> Add lines 1 through 3	60,498,767	90,979,701	81,478,337	78,702,680	94,771,344	406,430,829
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)						35,309,634
6	<b>Public support.</b> Subtract line 5 from line 4						371,121,195

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	60,498,767	90,979,701	81,478,337	78,702,680	94,771,344	406,430,829
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,132,661	8,323,999	22,837,809	9,308,832	8,184,277	56,787,578
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	<b>Total support.</b> Add lines 7 through 10						463,218,407
12	Gross receipts from related activities, etc. (see instructions)					12	6,373,855,572
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 80 118 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b> 82 160 %
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a** **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b> 0	
<b>2</b> Recoveries of prior-year distributions	<b>2</b> 0	
<b>3</b> Other gross income (see instructions)	<b>3</b> 0	
<b>4</b> Add lines 1 through 3	<b>4</b> 0	
<b>5</b> Depreciation and depletion	<b>5</b> 0	
<b>6</b> 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)	<b>6</b> 0	
<b>7</b> Other expenses (see instructions)	<b>7</b> 0	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b> 0	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b> 0	
<b>b</b> Average monthly cash balances	<b>1b</b> 0	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b> 0	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b> 0	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI) 0		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b> 0	
<b>3</b> Subtract line 2 from line 1d	<b>3</b> 0	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b> 0	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b> 0	
<b>6</b> Multiply line 5 by .035	<b>6</b> 0	
<b>7</b> Recoveries of prior-year distributions	<b>7</b> 0	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b> 0	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b> Enter 85% of line 1	<b>2</b>	0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b> Income tax imposed in prior year	<b>5</b>	0
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b> <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)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . . 0			
d From 2014. . . . . 0			
e From 2015. . . . . 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. . . . . 0			
c Excess from 2014. . . . . 0			
d Excess from 2015. . . . . 0			
e Excess from 2016. . . . . 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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PUBLIC CHARITY STATUS OF GROUP RETURN AFFILIATES	SCHEDULE A, PART I EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 EGLESTON AFFILIATED SERVICES, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 EGLESTON PEDIATRIC GROUP, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 HSOC, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 MARCUS AUTISM CENTER, INC PUBLIC CHARITY STATUS 509(A)(2) - BOX 10 CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION PUBLIC CHARITY STATUS 509(A)(1) AND 170(B)(1)(A)(VI) - BOX 7





efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318077637	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN				Employer identification number 90-0779996	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	144,155,800	142,112,872	133,659,871	121,601,928	109,959,265
b Contributions . . . . .			0		
c Net investment earnings, gains, and losses	7,825,208	2,500,092	8,855,491	12,361,363	11,920,392
d Grants or scholarships . . . . .			0		
e Other expenditures for facilities and programs . . . . .	525,856	457,164	402,389	297,897	270,848
f Administrative expenses . . . . .			101	5,523	6,881
g End of year balance . . . . .	151,455,152	144,155,800	142,112,872	133,659,871	121,601,928

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 ▶ 94 440 %

c Temporarily restricted endowment ▶ 5 560 %

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

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		104,999,098		104,999,098
b Buildings		694,295,163	376,700,725	317,594,438
c Leasehold improvements		14,620,846	12,843,486	1,777,360
d Equipment . . . . .		465,877,275	303,207,305	162,669,970
e Other . . . . .		218,199,494	185,691,752	32,507,742
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				619,548,608

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) IC RECEIVABLES FROM PARENT	2,444,727,366
(2) DEPOSITS/NON CURRENT ASSETS	9,270,698
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	2,453,998,064

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
BONDS	430,093,432
LONG TERM INSURANCE RESERVES	24,582,170
DUE TO/FROM GOVERNMENT PAYORS	17,948,050
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	472,623,652

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 90-0779996  
**Name:** CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

**Supplemental Information**

Return Reference	Explanation
Intended use of endowment funds	SCHEDULE D, PART V, LINE 4 THE PERMANENTLY RESTRICTED ENDOWMENT BALANCE INCLUDES \$44,566,970 OF EGLESTON'S BENEFICIAL INTEREST IN TRUSTS AND \$98,478,303 OF SCOTTISH RITE'S BENEFICIAL INTEREST IN TRUSTS CHILDREN'S IS THE PRIMARY BENEFICIARY OF THE PROPORTIONAL INCOME FROM CERTAIN PERPETUAL THIRD-PARTY TRUSTS CHILDREN'S HAS NO ACCESS TO THE CORPUS OF THESE TRUSTS AND HAS LIMITED INPUT INTO, AND ONLY IN SOME CASES, 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 COMPOSED OF PUBLICLY TRADED AND MARKETABLE SECURITIES, WITH THE EXCEPTION OF THE SCOTTISH RITE BENEFICIAL INTERESTS IN TRUSTS, WHICH ARE CLASSIFIED AS OTHER SECURITIES Endowment funds are utilized to provide financial support for clinical, research, teaching, and wellness initiatives and programs, including a designated portion for charity care services

Supplemental Information	
Return Reference	Explanation
DESCRIPTION OF OTHER LIABILITIES	SCHEDULE D, PART X THE INTERCOMPANY BALANCE INCLUDES THE FILING ORGANIZATIONS ALLOCABLE SHARE OF THE TAX-EXEMPT BOND LIABILITIES AS PART OF THE HEALTH SYSTEMS OBLIGATED GROUP DETAILED INFORMATION ABOUT THE OBLIGATED GROUPS TAX EXEMPT BONDS IS REPORTED ON THE FORM 990 OF THE GROUPS PARENT, CHILDRENS HEALTHCARE OF ATLANTA, INC , EIN 58-2367819



Supplemental Information	
Return Reference	Explanation
FIN 48 (ASC740) FOOTNOTE	SCHEDULE D, PART X, LINE 2 CHILDRENS 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 CHOAS AUDITED FINANCIAL STATEMENTS FOR FISCAL YEARS 2016 AND 2015

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	OMB No 1545-0047
		2016
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN	Employer identification number 90-0779996
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Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <b>HOPE&amp;WILL GALA</b> (event type)	(b) Event #2 <b>TOWER OF TALNT</b> (event type)	(c) Other events <b>132</b> (total number)	(d) Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	1,206,214	359,075	11,479,635	13,044,924
<b>2</b>	Less Contributions . . . . .	890,777	274,500	3,049,594	4,214,871
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	315,437	84,575	8,430,041	8,830,053
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		62,769	55,933	118,702
	<b>6</b> Rent/facility costs . . . . .	82,970	14,011	187,164	284,145
	<b>7</b> Food and beverages . . . . .	80,318		136,863	217,181
	<b>8</b> Entertainment . . . . .	4,500		16,618	21,118
	<b>9</b> Other direct expenses . . . . .	94,681	54,671	1,478,439	1,627,791
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				2,268,937
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				6,561,116

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>1</b>	Gross revenue . . . . .			42,144	42,144
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				42,144

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

**b** If "Yes," explain \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Gerald Pendrey

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 ▶ Denise Barnes

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Employee/Independent

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☒ **No**
- b** Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493318077637

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

90-0779996

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 235 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ 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

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)			26,521,233	1,159,030	25,362,203	1 900 %
b Medicaid (from Worksheet 3, column a)			656,546,243	579,484,122	77,062,121	5 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0			
d Total Financial Assistance and Means-Tested Government Programs			683,067,476	580,643,152	102,424,324	7 660 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			27,708,133	3,840,291	23,867,842	1 790 %
f Health professions education (from Worksheet 5)			20,708,958	11,371,493	9,337,465	0 700 %
g Subsidized health services (from Worksheet 6)			48,671,874	19,301,853	29,370,021	2 200 %
h Research (from Worksheet 7)			49,446,619	12,581,128	36,865,491	2 760 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			680,207		680,207	0 050 %
j Total. Other Benefits			147,215,791	47,094,765	100,121,026	7 500 %
k Total. Add lines 7d and 7j			830,283,267	627,737,917	202,545,350	15 160 %

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

Cat No 50192T

Schedule H (Form 990) 2016

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			26,850		0	0 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			26,850		0	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	25,377,576	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	0	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	7,173,000
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	4,942,000
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	2,231,000
<b>8</b> Describe 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**

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

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> SEE PART VI	Outpatient Surgery Center	51 %		49 %
<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>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> 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)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> 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 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



**Part V**

**Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

GROUP A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> 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 235 % and FPG family income limit for eligibility for discounted care of 340 %		
<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? 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>15</b> Yes	
<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 checked="" 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> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C		
<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 checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

## GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</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 19 (check all that apply)			
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<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? . . . . .	<b>21</b>	Yes	
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)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**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? **31**

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 \$25,377,576 has been removed from total expense Community Building Activitie s Part II Childrens Healthcare Community Building Activities include Action for Healthy K ids Childrens is part of the AFHK State Team, an affiliate under the AFHK organization Together the team identifies opportunities for collaboration to promote nutrition and physi cal activity as well as workshops to help schools with wellness policy needs and provide u pdates on resources available to schools across Georgia Atlanta Falcons Youth Foundation Childrens attends and frequently presents at monthly meetings with other grantee organiza tions to discuss project details related to program development and implementation The pr imary purpose of this meeting is to support collaborative relationships between grantee or ganizations and to sustain partnerships Atlanta Public Schools Wellness Committee Childr ens participates in the Atlanta Public Schools District Wellness Council meetings, in whic h organizations come together to highlight current APS work and discuss new ways to partne r to better student health and wellness at APS This also provides an opportunity to provi de guidance on the districts school wellness policy Bright from the Start Georgia Depart ment of Early Care and Learning Head Start Health Services Advisory Committee The Health Services Advisory Committee is comprised of local organizations that advise the agency and provide support for health and wellness initiatives for Head Start and Early Head Start s tudents Cobb 2020 The Cobb2020 Partnership is a partnership of community organizations a nd individuals dedicated to promoting healthy lifestyles and the delivery of essential hea lth services in Cobb County The partnership completed a community health assessment, and developed a Health Improvement Plan, targeting the reduction and prevention of chronic dis eases such as diabetes, stroke, heart disease and cancer Farm to Early Care and Education Farm to Early Care and Education is a coalition of organizations committed to promoting nutrition education, local foods, and gardening in early care and education programs throu ghout Georgia Food Oasis Atlanta Georgia Food Oasis seeks to connect and empower Georgia ns to healthier ways to eat, cook, and grow local, fresh food through access, events and e ducation Partner stakeholders include local organizations, government, businesses, grower s, and residents Georgia Association for Health Literacy Childrens is an active member o f the Georgia Association for Health Literacy, a coalition dedicated to improving health l iteracy and access to healthcare for all Georgians Partner organizations include the Geor gia Hospital Association, Emory School of Nursing, Emory School of Medicine, Merck Pharmac euticals, the University of Georgia, Georgia Watch, Georgia State University, the Georgia Dental Association and others Georgia Campaign for Adolescent Power and Potential Childr ens participates in GCAPPs Adolescent Services Network workgroup, providing education and resources regarding adolescent health and wellness Georgia Farm to School Alliance Child rens is a member in this network that joins statewide agencies working in food, farming and nutrition to collaborate and provides updates on resources and support for Farm to Schoo l, and creates a dialogue for building statewide programming Georgia SHAPE Childrens par ticipates on the SHAPE advisory board and several workgroups This statewide Governor-led initiative brings together governmental, philanthropic, academic and business communities to address childhood obesity in Georgia Georgia SHAPE works to reach disparate populatio ns, increase the aerobic capacity measure of Georgias youth, increase the breastfeeding ra te across Georgia, and increase the number of early care centers that excel in nutrition a nd physical activity measures Gwinnett Coalition for Health and Human Services Childrens participates in the Gwinnett Coalition for Health and Human Services Health and Wellness Committee The county-wide initiative brings several partners together to promote initiati ves that educate and increase awareness related to obesity, healthy lifestyles and substan ce abuse prevention Target populations include youth, seniors, and low-income communities Live Healthy Gwinnett Childrens collaborated cl</p>

Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORTING	<p>osely with Gwinnett County Parks and Recreation in their health and wellness efforts that laid the foundation for Live Healthy Gwinnett Live Healthy Gwinnett promotes positive change in the Gwinnett community and encourages people to be active, eat healthy, get checked , and be positive The initiative brings several local partners to the table to plan events, develop partnerships, and seek grant opportunities Partnership for Community Action, Inc Head Start Health Services Advisory Committee The Health Services Advisory Committee is comprised of local organizations that advise the agency and provide support for health and wellness initiatives for Head Start and Early Head Start students Childrens serves as the president of the 2016-2017 committee Bad Debt Expense Part III, Line 2 and 3 THE COSTING 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 RECOGNITION PROCESSES ARE BELIEVED TO RESULT IN APPROPRIATE DIFFERENTIATION BETWEEN CHARITY AND BAD DEBT AS SUCH, CHILDREN'S REFLECTS 0 (ZERO) ON PART III, SECTION A, LINE 3 Part III, Line 4 THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE IS BASED ON AN EVALUATION OF POTENTIALLY UNCOLLECTIBLE PORTIONS OF ACCOUNTS RECEIVABLE THE PROVISION CONSIDERED NECESSARY FOR SUCH DEBTS IS BASED ON AN ANALYSIS OF CURRENT AND PAST DUE ACCOUNTS, COLLECTION EXPERIENCE IN RELATION TO AMOUNTS BILLED AND OTHER RELEVANT INFORMATION Part III, line 8 MEDICARE PAYMENT AND MEDICARE CHARGES ARE ISOLATED BASED ON PAYMENTS POSTED/ RECEIVED IN THE CALENDAR YEAR COST IS ESTIMATED USING OVERALL COST-TO-CHARGE RATIO Provisions on Collection Practices for Qualified Patients Part III, Line 9b INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS AS WELL AS MOST OUTPATIENT VISITS ARE CONDUCTED BY FINANCIAL COUNSELORS TO IDENTIFY POTENTIAL INSURANCE OR OTHER COVERAGE FOR EACH PATIENT COUNSELORS MAKE CONTACT WITH THE FAMILIES, EITHER IN PERSON OR LETTER, TO ASSIST THE FAMILY IN IDENTIFYING ANY PROGRAMS FOR WHICH THE PATIENT/SERVICE MAY QUALIFY (INCLUDING MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP), INSURANCE COVERAGE, AND CHARITY ASSISTANCE) IF THE FAMILY CANNOT BE LOCATED OR IS UNCOOPERATIVE AFTER A PERIOD OF TIME, THESE ACCOUNTS ARE TRANSFERRED TO AN INTERNAL COLLECTION AREA FOR FURTHER ATTEMPTS TO OBTAIN PAYMENT OR, IF THE PATIENT MAY QUALIFY FOR ASSISTANCE, TO SECURE A FINANCIAL ASSISTANCE APPLICATION 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 Outpatient Surgery Center Column C, Organization's profit or ownership % 51% Column D, Officers, Directors, Trustees or Key Employees % 0% Column E, Physicians Profit or Ownership % 49% Non-Hospital Health Care Facilities Part V, Section C The non-hospital health care facilities listed provide services to patients on an outpatient basis These services vary by location and facility and may include but are not limited to the following urgent care services, rehabilitation, diagnostic and treatment services, surgical services, sports medicine and orthotics and prosthetics services Needs Assessment Part VI, Line 2 TO CONTINUE TO ADVANCE THE HEALTH AND WELLNESS OF CHILDREN AND ADOLESCENTS WITHIN THE COMMUNITY, CHILDRENS IDENTIFIED AND PRIORITIZED PEDIATRIC COMMUNITY HEALTH NEEDS WITH INPUT FROM A BROAD RANGE OF TRULY REMARKABLE HEALTHCARE PROFESSIONALS WHO ARE PASSIONATE ABOUT THE INTERESTS OF CHILDREN AND ADOLESCENTS THE ASSESSMENT HELPS CHILDRENS BETTER UNDERSTAND THE NEEDS OF THE PEDIATRIC HEALTHCARE COMMUNITY, INFORMS OUR COMMUNITY BENEFIT ACTIVITIES AND INFLUENCES OUR STRATEGIC PLANNING EFFORTS WE WILL REPEAT THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS EVERY THREE YEARS AND REPORT THE RESULTS OF OUR ASSESSMENT ON THE CHILDRENS WE</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>PART VI, LINE 3 ANNUALLY, A NEWSPAPER NOTICE ADVISES THE COMMUNITY THAT THE ORGANIZATION'S HOSPITALS ARE MEDICAID PROVIDERS PARTICIPATING IN THE STATE'S INDIGENT CARE TRUST FUND, AND THAT FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY HOSPITAL SERVICES MAY BE AVAILABLE SIMILARLY, SIGNS AT ALL HOSPITAL REGISTRATION SITES PROVIDE PATIENTS AND FAMILIES WITH SIMILAR NOTICE IN ADDITION, HOSPITAL FINANCIAL COUNSELORS ACTIVELY ENGAGE FAMILIES TO ASSIST THEM IN SECURING FINANCIAL ASSISTANCE, AND WRITTEN NOTICES ADVISE FAMILIES TO CONTACT CUSTOMER SERVICE WITH ANY ISSUES CONCERNING THEIR BILLS AND POTENTIAL ASSISTANCE</p> <p>COMMUNITY INFORMATION PART VI, LINE 4 GEOGRAPHIC</p> <p>Childrens is the largest pediatric provider in the state, caring for children from all 159 Georgia counties in 2016</p> <p>DEMOGRAPHICS Of the 10.4 million people who live in Georgia, 2.5 million (24 percent) of those are children (defined as less than 18 years of age) Approximately 1.4 million children live in the Atlanta MSA, making it the 6th largest pediatric population among the top 10 largest metro areas in the United States The largest population of children in the Atlanta MSA by age cohort is children ages 10 to 14 years old (just under 420,000) The Atlanta MSA population is racially diverse 47.8 percent white, 33.2 percent Black or African American, 10.7 percent Hispanic or Latino, 5.8 percent Asian or Pacific Islander and 2.5 percent Other The 2017 estimated average household income for residents in the Atlanta MSA is approximately \$85,600 as compared to \$60,500 for residents in other Georgia counties</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	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 1,900 PEDIATRIC PHYSICIANS CHILDREN'S IS ALSO THE PEDIATRIC PHYSICIAN TEACHING SITE FOR EMORY UNIVERSITY SCHOOL OF MEDICINE AND MOREHOUSE SCHOOL OF MEDICINE NEW PHYSICIANS ARE ENCOURAGED TO PARTICIPATE IN FELLOWSHIP PROGRAMS, WHICH ARE AVAILABLE IN A VARIETY OF SPECIALTIES CHILDREN'S HEALTHCARE OF ATLANTA APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Affiliated health care system	<p>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 Childrens also manages the operations of Hughes Spalding which is owned by Grady Health System EGLESTON AND SCOTTISH RITE PLAY A MAJOR ROLE IN PROMOTING THE HEALTH OF THE COMMUNITY THROUGH THE SPECIALTY PEDIATRIC SERVICES OFFERED, INCLUDING ORTHOPEDIC, NEUROSCIENCES, AND CRANIOFACIAL TO NAME A FEW MORE THAN 10,000 EMPLOYEES WORK across the Childrens Healthcare System PROVIDING CARE FOR OVER 1,008,000 PATIENT VISITS THEY MANAGED IN 2016 IN 2016, CHILDREN'S HEALTHCARE OF ATLANTA, INC PROMOTED THE HEALTH OF THE OVERALL COMMUNITY AND PROVIDED 575 LICENSED BEDS AND 391 277 UNIQUE PATIENTS (FROM ALL 159 COUNTIES IN GEORGIA) 27,836 HOSPITAL DISCHARGES, 161,475 INPATIENT DAYS, 973,482 OUTPATIENT VISITS, 42,781 SURGICAL PROCEDURES, 236,595 EMERGENCY DEPARTMENT VISITS, AND 154,901 URGENT CARE CENTER VISITS IN ADDITION, CHILDREN'S MANAGED 81,047 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE EXAMPLES OF SPECIFIC PROGRAMS OFFERED AT CHILDREN'S TO PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY THE SYSTEM INCLUDE - A CONCUSSION PROGRAM THAT PROVIDES TREATMENT FOR AND EDUCATION ABOUT CONCUSSIONS TO CHILDREN, PARENTS, COACHES AND HEALTHCARE PROFESSIONALS A DEDICATED CONCUSSION NURSE HELPS COORDINATE EACH CHILD'S CARE THE PROGRAM ALSO PROVIDES RETURN-TO-PLAY GUIDELINES AND A CONCUSSION TOOLKIT TO HELP INCREASE AWARENESS AND UNDERSTANDING OF CONCUSSIONS - A SCHOOL PROGRAM WHERE CHILDREN'S EMPLOYS TEACHERS SO THAT PATIENTS CAN RECEIVE INSTRUCTION DURING HOSPITALIZATIONS AND LONG CLINIC VISITS - A SPECIAL NEEDS CAR SEAT PROGRAM THAT IS HOSPITAL BASED AND DESIGNED TO EDUCATE AND ASSIST PARENTS AND FAMILIES WITH CHILDREN WHO HAVE SPECIAL TRANSPORTATION NEEDS - THE HEALTH LAW PARTNERSHIP (HELP), WHICH IS AN INTERDISCIPLINARY COMMUNITY COLLABORATION AMONG GEORGIA STATE UNIVERSITY'S COLLEGE OF LAW, THE ATLANTA LEGAL AID SOCIETY, AND CHILDREN'S HEALTHCARE OF ATLANTA TO IMPROVE THE HEALTH AND WELL-BEING OF LOW-INCOME CHILDREN AND THEIR FAMILIES HELP HAS A LAW OFFICE ON THE SCOTTISH RITE CAMPUS - A LEVEL I TRAUMA PROGRAM AT EGLESTON AND A LEVEL II TRAUMA PROGRAM AT SCOTTISH RITE PROVIDE HIGH QUALITY TRAUMA CARE TO PEDIATRIC PATIENTS CHILDREN'S HAS THE ONLY DESIGNATED PEDIATRIC TRAUMA CENTERS IN GEORGIA TRAUMA IS THE NUMBER ONE CAUSE OF DEATH IN CHILDREN FROM ONE TO 21 YEARS OF AGE</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 WWW.CHOA.ORG THIS REPORT IS POSTED IN THE "COMMUNITY AND GOVERNMENT AFFAIRS" SECTION THERE IS ALSO A SECTION TITLED "OUR IMPACT ON GEORGIA" TO SHOW OUR BROADER IMPACT ON THE STATE

## Additional Data

**Software ID:****Software Version:**

**EIN:** 90-0779996

**Name:** CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

## Form 990 Schedule H, Part V Section A. Hospital Facilities

[illegible]

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5	<p>LIST OF CHNA CONTRIBUTORS 1 Michael Anderson, M D Pediatrician Childrens Pediatric Center East Main 2 Rosalyn Bacon Deputy Director Fulton County Department of Health and Wellness 3 Elizabeth Baker Parent Childrens Family Advisory Council 4 Fredly Bataille, M D Pediatrician Intown Pediatric and Adolescent Medicine 5 Laurie Bivins, N P Pediatric Nurse Practitioner Pediatrics at Whitlock 6 Karen Bonnie, M D Pediatrician Little Five Points Pediatrics 7 Jennifer Brown District Child Health and Immunization Nurse Northeast Georgia Public Health 8 Steve Carter, M D Pediatrician West Atlanta Pediatrics 9 Rajani Chaudhari, M D Pediatrician Childrens Healthcare of Atlanta 10 Nicola Chin, M D Pediatrician First Georgia Physicians Pediatrics 11 Jeffrey Cooper, M D Pediatrician Cooper Pediatrics 12 Lisa Crossman Deputy Director Cobb and Douglas Public Health Department 13 Lori Desoutter, M D Pediatrician Pediatric Associates of North Atlanta 14 Karen Dewling, M D Pediatrician Johns Creek Pediatrics 15 Falita Flowers State Director, Federal Child Nutrition Programs Georgia Department of Early Care and Learning 16 Patrick Frias, M D Chief Operating Officer Childrens Healthcare of Atlanta 17 Ronald Frieson President, Foundation and External Affairs Childrens Healthcare of Atlanta 18 Jaquelin Gotlieb, M D , F A A P Pediatrician The Pediatric Center of Stone Mountain, LLC 19 Janice Haker Director, Georgia Head Start Collaboration Office Bright from the Start Georgia Department of Early Care and Learning 20 Angie Hanes District Nursing Director District 2 Public Health Department 21 Valerie Harper Parent Childrens Family Advisory Council 22 Lloyd Hofer, M D Director Gwinnett, Newton and Rockdale Health Departments 23 Georgina Howard Nursing Director Fulton County Department of Health and Wellness 24 Holly Hubbard, M D Pediatrician Hubbard Pediatric Group 25 Van na Jackson, M D Pediatrician Sandy Springs Pediatrics 26 Lindsey Jorstad Community Services Outreach Manager Gwinnett County 27 Patricia Joseph Director of Nursing DeKalb County Board of Health 28 Christi Kay President HealthMPowers Inc 29 Cheryl Jones Kendall, M D Pediatrician We Care Pediatric and Adolescent Group Inc 30 John Kennedy, M D District Health Director Cobb and Douglas Public Health Department 31 Panyavee Khan, M D , F A A P Pediatrician and CEO Cumming Pediatric Group 32 Natasha Kimsey, R D , L D Director of Clinical Operations Gwinnett, Newton and Rockdale County Health Departments 33 Barbara King Parent Childrens Family Advisory Council 34 Aaron Klepinger Parent Childrens Family Advisory Council 35 Elizabeth LeDuc, M D Pediatrician Center for Pediatric Wellness PC 36 Laura Lenaeus Parent Childrens Family Advisory Council 37 Robert Licata, M D Pediatrician Pediatric Associates of Johns Creek PC 38 Roberta Lucas, M D Pediatrician Lucas Pediatrics 39 Sabrina Mallett Planning and Partnership Director Cobb and Douglas Public Health 40 Steven Malone Recreation Services Manager</p>

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5	<p>r Roswell Recreation, Parks, Historic and Cultural Affairs Department 41 Andrew Marks Parent Childrens Family Advisory Council 42 Lindsay Marks Parent Childrens Family Advisory Council 43 Kevin Mason, M D Deputy Director Clayton County Board of Health 44 Dan Mathews Director of Camping Services Camp Twin Lakes 45 Linda Matzigkeit Chief Administrative Office Childrens Healthcare of Atlanta 46 Gina Maxey, M D Pediatrician Pediatrician Village Pediatrics 47 Ginger McGee Medical Practice Manager North Point Pediatrics 48 Laura Mixson Parent Childrens Family Advisory Council 49 Eduardo Montana, M D Executive Medical Director Childrens Cardiovascular and Preventive Medicine 50 Katherine Morris, N P Nurse Practitioner Medlock Pediatrics 51 Andrew Muir, M D Chief, Pediatric Endocrinology Childrens Healthcare of Atlanta 52 Natalie Mundy Mentoring 4 GA Program Manager Big Brothers Big Sisters of Metro Atlanta 53 John Mynatt Jr, M D Pediatrician Locust Grove Pediatrics LLC 54 Beth Ochoa School Nurse Supervisor Paulding County Schools 55 Julie Opeka N P Nurse Practitioner Grayson Pediatrics 56 Stephanie Patterson On Behalf of East Cobb Pediatrics 57 William Payne, M D Pediatrician Cartersville Pediatric Associates 58 Emily Pelton Executive Director Voices for Georgias Children 59 Kara Prickett, M D Assistant Professor Emory University 60 Julia Roberts Parent Childrens Family Advisory Council 61 Kerith Rudnicki, M D Pediatrician Childrens Medical Group PC 62 Adriana Rzeznik, M D Pediatrician Woodstock Pediatric Medicine PC 63 Dan Salinas, M D Chief Medical Officer Childrens Healthcare of Atlanta 64 Stella Shin, M D Pediatric Nephrologist Emory Healthcare and Childrens Healthcare of Atlanta 65 Andrea Silver Parent Childrens Family Advisory Council 66 Gwen Sirmans Parent Childrens Family Advisory Council 67 Jonika Sutton Parent Childrens Family Advisory Council 68 Laura Tanase Nutrition and Wellness Specialist Georgia Department of Education 69 Zachary Taylor, M D North Georgia Health District Director Georgia Department of Public Health 70 Joshua Vova, M D Director of Rehabilitation Medicine Childrens Healthcare of Atlanta 71 Harriett Wellborn On Behalf of Pediatric Associates of Lawrenceville 72 David Westfall, M D District Health Director District 2 Public Health Department 73 Robert Whipple I V, M D Pediatrician Pediatric Associates of Newnan 74 Carol Williams, M D Pediatrician KidCare Pediatrics The CHNA was completed from June 30, 2016 to July 15, 2016 The survey was completed by individuals representing the interests of the pediatric healthcare community in the greater metropolitan Atlanta region, including children of all ages, races, ethnicities, income levels and insurance statuses These individuals also represent each of the counties in the primary and secondary service areas There was significant consensus that the pediatric community health need priorities and issues identified affected children across multiple cultural, socio</p>

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5	-economic and geographic communities within the expansive greater metro Atlanta region Children's has developed programs to address health needs of immigrant and transient populations These programs include 1) the Primary Care Center at Chamblee which offers routine health checkups, sick visits for children, immunizations for school to infants, children and adolescents who rely on Medicaid 2) Interpretative services at every facility, and 3) resources for staff to increase cultural awareness concerning the health needs of immigrant populations Hughes Spalding is a hospital managed by Childrens for Fulton-Dekalb Hospital Authority In addition to being an acute care hospital with a full service Emergency Department and inpatient beds, Hughes Spalding provides primary care services for those underserved populations in and around downtown Finally, some of the community groups that participated in survey and represent unique health needs includes *HealthMPowers, Inc Obesity and nutrition, *Bright from the Start Early care and learning, *Camp Twin Lakes Inclusion for kids with special needs, *Voices for Georgias Kids child policy and advocacy, and *Big Brothers Big Sisters of Metro Atlanta mentoring for children facing adversity



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	THE CHNA WAS CONDUCTED WITH BOTH EGELSTON CHILDREN'S HOSPITAL AND THE RELATED SCOTTISH RITE HOSPITAL

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A	THE CHNA REPORT WAS WIDELY AVAILABLE TO THE PUBLIC AT THE HOSPITAL FACILITY'S WEBSITE LISTED BELOW <a href="http://childrensatl.uberflip.com/i/227994-community-health-needs-assessment-2016">http //childrensatl uberflip com/i/227994-community-health-needs-assessment-2016</a> FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A <a href="http://childrensatl.uberflip.com/i/227994-community-health-needs-assessment-2016">http //childrensatl uberflip com/i/227994-community-health-needs-assessment-2016</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, PART B, LINE 11	OUR IMPLEMENTATION STRATEGY UNIQUE AND DETAILED IMPLEMENTATION PLANS FOR EGLESTON AND SCOTTISH RITE HOSPITALS ARE INCLUDED IN THE CHNA REPORT REPORT LOCATED AT WWW.CHOA.ORG OR AT <a href="http://childrensatl.uberflip.com/i/227994-community-health-needs-assessment-2016">http://childrensatl.uberflip.com/i/227994-community-health-needs-assessment-2016</a> DUE TO THE LONG HISTORY OF CHILDRENS WORKING WITH THE COMMUNITY, THE HEALTH NEEDS UNCOVERED IN THE ASSESSMENT WERE NOT UNEXPECTED. EACH OF THE 10 NEEDS IS ACTIVELY BEING ADDRESSED IN SOME CAPACITY BY EXISTING AND ONGOING PROGRAMS AND SERVICES OF CHILDRENS. THERE ARE MANY ORGANIZATIONS IN THE COMMUNITY THAT ARE ADDRESSING THESE NEEDS, AS WELL. DUE TO LIMITED RESOURCES AND THE EXTRAORDINARY COST OF PROVIDING HIGHLY SPECIALIZED CARE TO CHILDREN THROUGHOUT GEORGIA, THE CHILDRENS COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY IS FOCUSED ON LEVERAGING EXISTING PROGRAMS, SERVICES AND RESOURCES, WHERE POSSIBLE, AND FOCUSES ON THE HEALTH NEED PRIORITIES OF CHILDREN AND ADOLESCENTS WHO RESIDE IN OUR 18-COUNTY, METROPOLITAN ATLANTA PRIMARY AND SECONDARY SERVICE AREA COMMUNITIES. IN ADDITION TO LEVERAGING EXISTING PROGRAMS, OVER THE NEXT THREE YEARS, CHILDRENS WILL PLACE SPECIAL EMPHASIS ON FOUR OF THE TOP FIVE NEEDS, AS THESE TIGHTLY ALIGN WITH OUR STRATEGIC PLAN. THESE NEEDS ARE - provide coordination and continuity of services through "medical home" - ENHANCE PARTNERSHIPS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES - PROVIDE ACCESS TO SUBSPECIALTY SERVICES - DEVELOP PROGRAMS TO COORDINATE THE TRANSITION OF CARE TO ADULthood

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16	THE FAP WAS WIDELY AVAILABLE TO THE PUBLIC AT THE HOSPITAL FACILITY'S WEBSITE LISTED BELOW <a href="https://www.choa.org/~media/files/Childrens/patients/financial-assistance-policy-2017-new.pdf">https //www choa org/~media/files/Childrens/patients/financial-assistance -policy-2017-new pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 20	BILLING AND COLLECTIONS THE HOSPITAL FACILITY DID NOT ENGAGE IN ANY OF THE EFFORTS LISTED IN LINE 20 A THROUGH E

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 Marcus Autism Center 1920 Briarcliff Road Atlanta, GA 30329	Outpatient Services
1 Children's Outpatient Surg Ctr Sat Blvd 2620 satellite Boulevard Duluth, GA 30096	Outpatient Services
2 Children's Medical Office Building 5455 Meridian Mark Road NE Atlanta, GA 30342	Outpatient Services
3 Children's Special Services 2015 Uppergate Dirve Atlanta, GA 30322	Outpatient Services
4 Children's at Meridian Mark LLC 5445 Meridian Mark Road NE Atlanta, GA 30342	OUTPATIENT SERVICES
5 Children's at North Druid Hills 1605 Chantilly Drive NE Atlanta, GA 30324	OUTPATIENT SERVICES
6 Children's at Forsyth 410 Peachtree Parkway Cumming GA, GA 30041	OUTPATIENT SERVICES
7 Children's at Satellite Boulevard 2660 Satellite Boulevard Duluth, GA 30096	Outpatient Services
8 Children's at Town Center 625 Big Shanty Road NW Kennesaw, GA 30144	Outpatient Services
9 Children's at Webb Bridge 3155 North Point Parkway Alpharetta, GA 30005	Outpatient Services
10 Children's at Sandy Plains 3618 Sandy Plains Road Marietta, GA 30066	Outpatient Services
11 Children's at Fayette 1265 Highway 54 West Fayetteville, GA 30214	Outpatient Services
12 Children's at Mount Zion 2201 Mount Zion Parkway Morrow, GA 30260	Outpatient Services
13 Children's at Alpharetta Highway 11835 Alpharetta Highway Roswell, GA 30076	Outpatient Services
14 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)
<b>16</b> Children's at Hudson Bridge 1510 Hudson Bridge Road Stockbridge, GA 30281	Outpatient Services
<b>1</b> Children's at Northpoint 3795 Mansell Road Alpharetta, GA 30022	Outpatient Services
<b>2</b> Primary Care Center of Chamblee 4166 Buford Highway Atlanta, GA 30345	Outpatient Services
<b>3</b> Day Rehabilitation Center 993-F Johnson Ferry Road NE Atlanta, GA 30342	Outpatient Services
<b>4</b> Children's at Hamilton Mill 2108 Teron Trace Dacula, GA 30019	Outpatient Services
<b>5</b> Children's at Duluth 2270 Duluth Hway 120 Duluth, GA 30097	Outpatient Services
<b>6</b> Children's at Snellville 2220 Wisteria Drive Snellville, GA 30078	Outpatient Services
<b>7</b> Children's at Executive Park 6 Executive Park Drive NE Atlanta, GA 30329	Outpatient Services
<b>8</b> Children's at Marietta 175 White Street Marietta, GA 30060	Outpatient Services
<b>9</b> Children's at Old Milton Parkway 3300 Old Milton Parkway Alpharetta, GA 30005	Outpatient Services
<b>10</b> Children's at Suwanee 3640 Burnette Road Suwanee, GA 30024	Outpatient Services
<b>11</b> Northside Professional Center 975 Johnson Ferry Raod NE Atlanta, GA 30342	Outpatient Services
<b>12</b> Children's at Centry Center Boulevard 1975 Century Boulevard Atlanta, GA 30345	Outpatient Services
<b>13</b> Children's at Ivy Walk 1675 Cumberland Parkway Suite 105 Smyrna, GA 30080	Outpatient Services
<b>14</b> Children's at Cherokee 1554 Riverstone Parkway Canton, GA 30114	Outpatient Services

**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)
<b>31</b> Pavilion at Lake Hearn 1100 Lake Hearn Dr Suite 450 Atlanta, GA 30342	Outpatient Services



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As Filed Data -

DLN: 93493318077637

Schedule I  
(Form 990)

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

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

2016

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number  
90-0779996

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HC OF ATLANTA AT HUGHES SPALDING 35 JESSE HILL DRIVE ATLANTA, GA 30303	26-2037695	501(c)(3)	680,207				FUND WORKING CAPITAL DEFICIT
(2) CHILDREN'S HC OF ATLANTA AT HUGHES SPALDING 35 Jesse Hill Drive Atlanta, GA 30303	26-2037695	501(c)(3)	1,863,827				Support for capital and operations

2

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

1

3

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Nursing Scholarship	6	8,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2 Nurses currently enrolled in an accredited nursing program and who are seeking financial assistance may apply for the Jessie M Cnadlish Scholarship To qualify, applicants must meet the following criteria 1) must be employed by Children's by May 31st of the scholarship year, 2) be enrolled as an undergraduate student in an accredited nursing program for an RN degree or higher, with a minimum GPA of 3.0, 3) uphold the mission and values of Children's, and 4) is not a past receipt of the Candlish Scholarship The dollar amount and number of scholarships awarded varies from year to year, depending on the three average generated by the Candlish fund Per the management agreement, HSOC, Inc has oversight of all Hughes Spalding operations, including the use of grant funds The amount of funds provided annually to Hughes Spalding from HSOC, Inc is governed by agreed upon terms of the management contract

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

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
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input 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><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>		
<b>b</b> 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	Yes	
<b>2</b> 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?	Yes	
<b>3</b> 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><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b> For persons listed on 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		No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on 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
See Additional Data	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 90-0779996  
**Name:** CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

**Part III, Supplemental 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 OF A 401 (A) RETIREMENT PLAN FOR EMPLOYEES WHO WORK AT LEAST 1,000 HOURS IN THE CALENDAR YEAR AND ARE EMPLOYED ON 12/31/2016 ALL INDIVIDUALS ARE EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC (THE "PARENT" EIN 58-2367819) WITH CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN (THE "GROUP" exemption number 5857) ACTING AS THE COMMON PAYROLL AGENT FOR THE PARENT AND ALL ENTITIES WITHIN THE GROUP

**Part III, Supplemental Information**

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	PURSUANT TO THE ORGANIZATION'S TRAVEL AND REIMBURSEMENT POLICY, THE CEO IS ENTITLED TO TRAVEL FIRST CLASS OR BUSINESS CLASS ON FLIGHTS LONGER THAN TWO HOURS TO ENABLE THE CEO TO GET WORK DONE MORE EFFICIENTLY AND EFFECTIVELY ON LONGER FLIGHTS. HOWEVER, THE CEO MUST GIVE STRONG CONSIDERATION TO THE FINANCIAL IMPLICATIONS OF TRAVELING FIRST OR BUSINESS CLASS. CHOA DOES NOT TREAT THE PAYMENTS FOR FIRST CLASS TRAVEL AS TAXABLE TO THE CEO GIVEN THE BUSINESS PURPOSE ASSOCIATED WITH SUCH FLIGHTS.

**Part III, Supplemental Information**

Return Reference	Explanation
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 AMOUNT CONTRIBUTED TO THE PLAN FOR EACH DURING 2016 DONNA HYLAND \$346,530 PAT FRIAS \$141,103 RUTH FOWLER \$118,922 DANIEL SALINAS \$106,546 RON FRIESON \$37,823



**Part III, Supplemental Information**

Return Reference	Explanation
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.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Robert C Wilde Former Trustee - HSOC/CTO	(i)	320,642	83,794	20,139	0	28,082	452,657	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2Daniel Salinas MD CMO/INDIV TRUSTEE - ECH/SR/EA	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		464,618	126,418	18,665	106,546	24,476	740,723	0
2Ronald Frieson Indiv Trustee - HSOC/PRES FDN	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		378,281	208,685	14,149	46,548	11,928	659,591	0
3Donna Hyland Pres/CEO - ECH/SR/EAS/EPG/MAC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		1,019,655	352,520	39,693	346,530	18,798	1,777,196	0
4Ruth Fowler Treas ECH/SR/FDN/EAS/EPG/MAC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		505,380	158,070	22,028	118,922	21,268	825,668	0
5Leslie Jones Sec - ECH/SR/EAS/EPG/MAC/HSOC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		385,543	100,760	6,138	0	35,192	527,633	0
6Eugene Hayes Former Pres FDN/Sr Development	(i)	78,688	187,474	28,391	0	17,529	312,082	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7Mary Beth Bova SVP OPS-ECH/IND TRUSTEE-HSOC	(i)	257,943	67,399	30,170	6,444	19,046	381,002	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8Jill Strckland SVP Physician Practices Ops	(i)	251,754	66,035	1,990	1,283	25,311	346,373	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9Jim Fortenberry MD Indiv Trustee-FDN	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		333,148	50,381	4,800	0	26,442	414,771	0
10Stacey Deweese VP Operations-SR	(i)	165,967	46,467	18,949	5,249	26,598	263,230	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11John BleacherSurgeon	(i)	594,515	300,403	21,999	0	13,508	930,425	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12Julie GleasonSurgeon	(i)	477,000	429,454	20,979	0	21,032	948,465	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
13Joseph BusseySurgeon	(i)	495,690	360,316	2,235	0	26,616	884,857	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
14Pat Frias Individ Trstee-MAC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		598,673	189,306	16,061	141,103	21,298	966,441	0
15Burt Lesnick FORMER IND TSTEE/PULMONOLOGIST	(i)	264,410	136,292	20,824	3,076	10,759	435,361	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16George Raschbaum Former Trustee/Surgeon	(i)	482,915	292,063	24,978	0	11,008	810,964	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
17Jody Ohlmeyer Individual Trustee-HSOC/VP Fin	(i)	309,367	41,059	17,666	8,019	12,309	388,420	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18Lucky Jain Individual Trustee-MAC/Exec	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		218,552	14,559	0	0	0	233,111	0
19Michael Riley Individual Trustee	(i)	189,232	50,205	19,557	0	27,311	286,305	0
	(ii)	-	-	-	-	-	-	-
		0	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Linda Cole SVP Operations/CNO	(i)	0	0	0	0	0	0	0
	(ii)	343,214	86,809	2,140	0	-	-	0
1Andrew Reisner Neurosurgeon	(i)	789,632	81,033	37,338	0	27,212	935,215	0
	(ii)	0	0	0	0	-	-	0
2William Boydston Prac Dir Neursurgical Svcs	(i)	872,742	87,264	21,638	0	25,063	1,006,707	0
	(ii)	0	0	0	0	-	-	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► 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).

OMB No 1545-0047

2016

Open to Public  
Inspection

Name of the organization  
CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number  
90-0779996

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

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

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	Yes	No
Total						► \$						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**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) Jackson Dyer	SEE SCHEDULE L PART V	10,897	SEE SCHEDULE L PART V	Yes	
(2) Katherine Dixon	SEE SCHEDULE L PART V	100,825	SEE SCHEDULE L PART V	Yes	
(3) Star Overton	SEE SCHEDULE L PART V	79,495	SEE SCHEDULE L PART V	Yes	

**Part V Supplemental Information**

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) JACKSON DYER (B) Relationship between interested person and the organization- Jackson works at CHOA in surgery Center at meridian Mark Plaza, LLC He is the son of John Dyer a board member of CHOA (C) Compensation - 10,897 (D) Description of transaction - Jackson Dyer received compensation as an employee
(A) Katherine Dixon	(B) Relationship between interested person and the organization- Kate works as an RN in Cardiac at Egleston, she is the daughter of Bernie Dixon, who is a trustee for CHOA, ECH, SR EAS, And EPG (C) Compensation - 100,825 (D) Description of transaction - Katherine Dixon received compensation as an employee
(A) Star Overton	(B) Relationship between interested person and the organization- Star an employee working for CHOA, is the wife of Cedric Miller, who is a board member of CHOA (C) Compensation - 79,495 (D) Description of transaction - Star Overton received compensation as an employee

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

2016

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	67	1,945,578	Cost/Selling Price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

29

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

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

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 9, Column B	The amount of 67 represents the number of contributors

<b>efile GRAPHIC print - DO NOT PROCESS</b>		<b>As Filed Data -</b>		<b>DLN: 93493318077637</b>	
<b>SCHEDULE O</b> <b>(Form 990 or 990-EZ)</b>  <small>Department of the Treasury Internal Revenue Service</small>	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <b>www.irs.gov/form990.</b>			OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold;">2016</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Open to Public Inspection</div>	
	Name of the organization CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN			Employer identification number  90-0779996	

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6 CHILDRENS RELIES ON VOLUNTEER SUPPORT TO RAISE FUNDS IN OUR COMMUNITY THROUGH ORGANIZING OR VOLUNTEERING AT EVENTS INDIVIDUALS AND CORPORATIONS WORK WITH CHILDRENS TO HOST AND SUPPORT NUMEROUS COMMUNITY, SPORTS AND HOLIDAY EVENTS, ALL TO BENEFIT OUR NOT-FOR-PROFIT ORGANIZATION IN 2016, MORE THAN 7,000 VOLUNTEERS SUPPORTED CHILDRENS 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 CHILDRENS STAFF, CHILDRENS 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 WWW.CHOA.ORG/VOLUNTEER BUSINESS & FAMILY RELATIONSHIPS FORM 990, PART VI, LINE 2 Bernie Marcus and Frederick Marcus have a family relationship Chantell Bagwill and Lige Gillis have a business relationship Christy Roberts and Lige Gillis have a business relationship Cedric Miller and David Fagin have a business relationship



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
POWER TO ELECT OR APPOINT MEMBERS	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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS	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 RET URN UNDER THE SUBORDINATES' BYLAWS, CERTAIN CORPORATE ACTIONS ARE SUBJECT TO DIRECT OR IN DIRECT APPROVAL OF CHOA THESE ACTIONS INCLUDE APPOINTMENT OR REMOVAL OF DIRECTORS, ADOPT ION OR AMENDMENT OF A STRATEGIC PLAN, ADOPTION AND/OR AMENDMENT OF THE ANNUAL BUDGET, APPR OVAL 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, PART ICIPATION IN JOINT VENTURES OR OTHER STRATEGIC RELATIONSHIPS, CREATION OF NEW AFFILIATES, MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION OF THE ORGANIZATION, SIGNIFICANT DISPOSI TIONS OF THE ORGANIZATION'S ASSETS, AND AMENDMENT OR RESTATEMENT OF THE ORGANIZATION'S GOV ERNING DOCUMENTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PROCESS USED TO REVIEW THE FORM 990	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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT 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" 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 OF 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	<p>FORM 990, PART VI, LINE 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 COMPETITIVENESS AND REASONABLENESS OF THE TOTAL COMPENSATION PACKAGE FOR "DISQUALIFIED PERSONS" AND OTHER EXECUTIVES AND LEADERS TO THE BOARD. USING MARKET DATA PROVIDED BY THE THIRD PARTY RELATED TO THE PAY, BENEFITS AND PERQUISITES PAID TO FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS COMPARABLE TO CHILDREN'S HEALTHCARE OF ATLANTA, THE COMMITTEE PROVIDES TOTAL COMPENSATION RECOMMENDATIONS. PAY RECOMMENDATION FOR "DISQUALIFIED PERSONS", AND OTHER EXECUTIVES AND LEADERS ARE MADE IN DECEMBER AND BOARD APPROVED CHANGES, IF ANY, ARE EFFECTIVE IN THE FIRST PAY PERIOD OF THE COMING YEAR. INCENTIVE PAYOUTS ARE APPROVED IN FEBRUARY, FOR THE PRIOR YEAR'S PERFORMANCE, AND ISSUED IN MARCH. ALL COMMITTEE RECOMMENDATIONS AND BOARD DECISIONS (RELATED TO EXECUTIVE COMPENSATION) ARE DOCUMENTED IN THE APPLICABLE MEETING MINUTES.</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 TRANSFERS BETWEEN ENTITIES \$29,994,597 Unrealized Gains (Losses) (\$7,606,834) TOTAL OTHER RECONCILING ITEMS \$21,526,510 ----- \$43,914,273 TOTAL OTHE R CHANGES =====

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

2016

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.

See Additional Data Table

(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

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 1587 Northeast Expressway  atlanta, GA 30329 58-2367819	HLTHCRE MGMT	GA	501(c)(3)	12b	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Meridian Mark LLC 1587 NE EXPRSSWY Atl, GA 30329 01-0723254	Surgery Center	GA	Scottish Rite	Related	8,433,514	12,909,983		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.

See Additional Data Table

(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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b> Yes	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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
(1) Thomas Egleston Trust	c	351,783	Cash Transfer

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.

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 90-0779996  
Name: CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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 1587 Northeast Expressway Atlanta, GA 30329 81-0582607	PHY Services	GA	1,296,134	0	Egleston PED
(1) CHldren's Anesthesia Services LLC 1587 Northeast Expressway Atlanta, GA 30329 20-0044124	PHY Services	GA	8,829,942	0	Egleston PED
(2) CHOA Center for Pain Relief LLC 1587 Northeast Expressway atlanta, GA 30329 32-0185406	PHY Services	GA	527,751	0	Egleston PED
(3) Pdtric Nrsrgy Asso at Children's LLC 1587 Northeast Expressway Atlanta, GA 30329 26-0833842	PHY Services	GA	4,505,358	0	Egelston PED
(4) CHOA - Multispecialty LLC 1587 Northeast Expressway Atlanta, GA 30329 61-1665353	Phy Services	GA	24,141,840	0	Egleston Ped
(5) CHOA - hospital based llc 1587 Northeast Expressway Atlanta, GA 30329 80-0863895	Phy Services	GA	60,529,677	0	Egleston Ped
(6) Specialty Providers at Children's LLC 1587 Northeast Expressway Atlanta, GA 30329 61-1753346	Phy Services	GA	16,548,644	0	Egleston Ped
(7) Med-Surgical Providers at Children's LLC 1587 Northeast Expressway Atlanta, GA 30329 30-0853755	Phy Services	GA	21,472,311	0	Egleston Ped
(8) Cardiothoracic prviders at children's llc 1587 Northeast Expressway Atlanta, GA 30329 32-0456470	Phy Services	GA	7,294,867	0	Egleston Ped
(9) Primary care at childrens llc 1587 Northeast Expressway Atlanta, GA 30329 61-1752679	Phy Services	GA	1,809,657	0	Egleston Ped



**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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	
(1) 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	
(2) The Children Care Network 1584 Tullie Circle Atlanta, GA 30329 47-1373158	Physician Svcs	GA	CHOA	C Corp	0	0	100 000 %	Yes	
(3) Charitable Remainder Trust - Wells Fargo 303 PEACHTREE STREET ATLANTA, GA 30303	SPLIT INT TRUST	NC	NA	Trust	11,237	566,290			No
(4) Charitable Remainder Trust - SunTrust 303 PEACHTREE STREET ATLANTA, GA 30303	SPLIT INT TRUST	GA	NA	Trust	4,803	227,452			No
(5) Laurie Davis Webster Trust 303 PEACHTREE STREET ATLANTA, GA 30303 58-6026013	CHARITABLE TRUST	GA	NA	Trust	2,075	88,567	100 000 %		No
(6) WE CHAPLIN TRUST 303 PEACHTREE STREET ATLANTA, GA 30303 58-6026010	CHARITABLE TRUST	GA	NA	Trust	293	11,767	100 000 %		No
(7) THOMAS EGGLESTON TRUST 303 PEACHTREE STREET ATLANTA, GA 30303 58-6026009	CHARITABLE TRUST	GA	NA	Trust	351,783	20,980,389	100 000 %		No