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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN  
% TOM BREMS  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
3375 Northeast Expressway  
City or town, state or province, country, and ZIP or foreign postal code  
Atlanta, GA 30341  
F Name and address of principal officer  
DONNA HYLAND  
1600 Tullie Circle  
Atlanta, GA 30329

H(a) Is this a group return for subordinates?  
H(b) Are all subordinates included?  
If "No," attach a list (see instructions)  
H(c) Group exemption number ▶ 5857

D Employer identification number  
90-0779996  
E Telephone number  
(404) 785-7944  
G Gross receipts \$ 1,846,148,072

I Tax-exempt status  
☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.choa.org

K Form of organization  
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
TO MAKE KIDS BETTER TODAY AND HEALTHIER TOMORROW

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 79

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 67

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . . 13,210

6 Total number of volunteers (estimate if necessary) . . . . . 10,638

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶15,025,213

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 548,520,864

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . . 253,934,275

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 4,030,539,683

21 Total liabilities (Part X, line 26) . . . . . 895,041,574

22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 3,135,498,109

Part II Signature Block

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

Sign Here

Signature of officer  
RUTH FOWLER CFO  
Type or print name and title

2019-11-14  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ PricewaterhouseCoopers LLP  
Firm's address ▶ 600 13TH ST NW  
WASHINGTON, DC 20005

Preparer's signature  
Date 2019-11-13  
Check ☐ if self-employed  
PTIN P00369623  
Firm's EIN ▶  
Phone no (202) 414-1000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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 \$ 1,317,077,820	including grants of \$ 4,545,271 )	(Revenue \$ 1,705,593,225 )
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>	<b>Total program service expenses</b> ▶	1,317,077,820
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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>	No
<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	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> 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 	<b>21</b> 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 	<b>22</b> Yes	

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

		Yes	No
<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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<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>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	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 . . . . .	<b>38</b> 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 . . . . .	<b>1a</b> 201	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 7	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> 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 . . . . .		<b>2a</b>	13,210			
<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)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<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>3b</b>	Yes	
<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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ 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? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<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? . . . . .				<b>6a</b>		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>6b</b>		
<b>7 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? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	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? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		1
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<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>7h</b>		
<b>8 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>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<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>11b</b>		
<b>12a 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>12b</b>		
<b>13 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>13a</b>		
<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>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<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?	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	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.		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?		No
<b>10b</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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	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>15a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>15b</b>	Other officers or key employees of the organization.	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?	Yes	
<b>16b</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?	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, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, RI, SC, TN, UT, WA, WV, WI**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 (404) 785-7944**

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

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

☒

● 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)**

[illegible]

<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>	7,804,590	7,011,268	1,403,793

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 ▶ 954

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> 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>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	No

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EMORY UNIVERSITY, 201 DOWMAN DRIVE ATLANTA, GA 30322	HEALTHCARE SERVICES	75,045,147
BRASFIELD GORRIE LLC, PO BOX 11407 BIRMINGHAM, AL 352460351	CONTRACTING SERVICES	66,772,386
MORRIS DICKSON CO LLC, PO BOX 51367 SHREVEPORT, LA 711351367	PHARMACY DISTRIB	44,553,254
PEDIATRIC EMERGENCY MEDICINE ASSOCI, 2247 SALIENT ROAD MARIETTA, GA 300641360	EMERGENCY SERVICES	19,512,444
CVS CAREMARK LLC, PO BOX 840336 DALLAS, TX 752840336	PRESCRIPTION SVCS	22,129,772

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 211</p>	
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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c	4,314,209		
d	Related organizations	1d			
e	Government grants (contributions)	1e	11,686,129		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,007,637		
g	Noncash contributions included in lines 1a - 1f \$ 1,846,885				
h	Total. Add lines 1a-1f . . . . .		99,007,975		

Program Service Revenue

		Business Code				
2a	NET PATIENT SERVICE REVENUE	622310	1,609,713,903	1,609,713,903		
b	ICTF PRIMARY CARE	622310	12,544,386	12,544,386		
c	GRADUATE MEDICAL FUNDING	622310	16,690,823	16,690,823		
d	STATE NEONATE INCOME	622310	3,727,391	3,727,391		
e	MANAGEMENT SERVICE FEE	622310	46,609,857	46,609,857		
f	All other program service revenue		1,123,123	1,123,123		
g	Total. Add lines 2a-2f . . . . .		1,690,409,483			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) . . . . .		5,407,459			5,407,459
4	Income from investment of tax-exempt bond proceeds		0			
5	Royalties . . . . .		0			
6a	Gross rents	(i) Real (ii) Personal				
		3,971,066				
b	Less rental expenses	7,247,387				
c	Rental income or (loss)	-3,276,321 0				
d	Net rental income or (loss) . . . . .		-3,276,321			-3,276,321
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		20,592,666				
b	Less cost or other basis and sales expenses	4,650,890				
c	Gain or (loss)	15,941,776				
d	Net gain or (loss) . . . . .		15,941,776			15,941,776
8a	Gross income from fundraising events (not including \$ 4,314,209 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 11,437,216				
	b Less direct expenses . . . . .	b 2,687,294				
c	Net income or (loss) from fundraising events . . . . .		8,749,922			8,749,922
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a 138,465				
	b Less direct expenses . . . . .	b 52,581				
c	Net income or (loss) from gaming activities . . . . .		85,884			85,884
10a	Gross sales of inventory, less returns and allowances . . . . .	a 0				
	b Less cost of goods sold . . . . .	b 0				
c	Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue		Business Code				
11a	MEANINGFUL USE	900099	2,017,312	2,017,312		
b	GIFT SHOPS	900099	2,163,084	2,163,084		
c	PARKING	900099	1,417,259	1,417,259		
d	All other revenue . . . . .		9,586,087	9,586,087		
e	Total. Add lines 11a-11d . . . . .		15,183,742			
12	Total revenue. See Instructions . . . . .		1,831,509,920	1,705,593,225	0	26,908,720

**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.	4,508,814	4,508,814		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	36,457	36,457		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,835,933	1,141,745	617,808	76,380
<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			
<b>7</b> Other salaries and wages.	767,160,435	639,785,830	120,491,775	6,882,830
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	38,372,752	32,274,220	6,098,532	
<b>9</b> Other employee benefits.	93,441,455	80,098,140	11,813,495	1,529,820
<b>10</b> Payroll taxes.	47,837,626	40,234,854	7,602,772	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,743,286	657,481	1,085,805	
<b>c</b> Accounting.	411,602		411,602	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,330,872	13,092,750	-1,213,539	451,661
<b>12</b> Advertising and promotion.	10,730,188	4,046,722	6,572,438	111,028
<b>13</b> Office expenses.	12,450,698	8,253,787	3,497,630	699,281
<b>14</b> Information technology.	26,925,004	25,267,615	1,655,977	1,412
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	25,670,489	19,220,851	6,446,847	2,791
<b>17</b> Travel.	2,668,827	1,461,645	1,053,740	153,442
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	6,368,164	3,421,719	2,812,536	133,909
<b>20</b> Interest.	25,070,409	17,093	25,053,316	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	78,033,657	52,498,809	25,534,848	
<b>23</b> Insurance.	2,058,267	5,930,819	-3,872,552	
<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	180,580,584	180,003,320	577,156	108
<b>b</b> PURCHASED SVCS-MEDICAL	46,021,920	46,021,920		
<b>c</b> BAD DEBT EXPENSE	35,029,854	35,029,854		
<b>d</b> PURCHASED SVCS-NON MED	27,428,999	22,951,799		4,477,200
<b>e</b> All other expenses	103,286,622	101,121,576	1,659,695	505,351
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,550,002,914	1,317,077,820	217,899,881	15,025,213
<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).				

**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 . . . . .	118,462,617	<b>1</b>	220,824,974
	<b>2</b>	Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .	36,450,603	<b>3</b>	54,617,755
	<b>4</b>	Accounts receivable, net . . . . .	199,003,899	<b>4</b>	208,903,445
	<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 . . . . .	23,809,410	<b>8</b>	25,814,186
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	12,510,631	<b>9</b>	15,962,989
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	1,726,215,910		
	<b>b</b>	Less: accumulated depreciation	796,089,045		
			775,815,044	<b>10c</b>	930,126,865
	<b>11</b>	Investments—publicly traded securities . . . . .	245,820,128	<b>11</b>	183,416,482
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	155,598,528	<b>12</b>	159,245,267
	<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 . . . . .	2,463,068,823	<b>15</b>	2,519,959,920	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,030,539,683	<b>16</b>	4,318,871,883	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	226,744,097	<b>17</b>	209,308,246
	<b>18</b>	Grants payable . . . . .	0	<b>18</b>	0
	<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 . . . . .	668,297,477	<b>25</b>	656,520,802
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	895,041,574	<b>26</b>	865,829,048
<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 . . . . .	2,591,018,681	<b>27</b>	2,916,959,594
	<b>28</b>	Temporarily restricted net assets . . . . .	327,858,434	<b>28</b>	273,869,342
	<b>29</b>	Permanently restricted net assets . . . . .	216,620,994	<b>29</b>	262,213,899
	<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> . . . . .	3,135,498,109	<b>33</b>	3,453,042,835
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	4,030,539,683	<b>34</b>	4,318,871,883	

**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>	1,831,509,920
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,550,002,914
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	281,507,006
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,135,498,109
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	33,583,519
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,454,201
<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>	3,453,042,835

**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 (2018)

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

THE CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC WAS ESTABLISHED IN 2008 AND WORKS TO ENGAGE THE COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERISM IN SUPPORT OF THE MISSION AND VISION OF CHILDREN'S HEALTHCARE OF ATLANTA IN 2018, THE FOUNDATION HAD 91 PAID STAFF AND MORE THAN 10,000 HOSPITAL AND EVENT VOLUNTEERS CHILDREN'S AT EGLESTON AND CHILDREN'S AT SCOTTISH RITE ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE THROUGH STRATEGIC PLANNING PROCESSES COMPLETED FOR THE CHILDREN'S HEALTHCARE OF ATLANTA SYSTEM AS PART OF A 10-YEAR PLAN LAUNCHED IN 2007, CHILDREN'S 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 CHILDREN'S 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 2018, THE THREE HOSPITALS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC PROVIDED 638 LICENSED BEDS AND MANAGED 1,160,186 PATIENT VISITS, 430,868 UNIQUE PATIENTS, 27,074 HOSPITAL ADMISSIONS, 165,570 INPATIENT DAYS, 1,124,069 OUTPATIENT VISITS, 43,333 SURGICAL PROCEDURES (INPATIENT AND OUTPATIENT), 243,709 EMERGENCY DEPARTMENT VISITS, 177,894 URGENT CARE CENTER VISITS AND 47,757 PRIMARY CARE VISITS CHILDREN'S ALSO MANAGED 74,645 CALLS FROM PARENTS ACROSS GEORGIA TO THE CHILDREN'S NURSE ADVICE LINE MARCUS AUTISM CENTER IS A NOT-FOR-PROFIT ORGANIZATION WITH A MISSION TO PROVIDE INFORMATION, SERVICES AND PROGRAMS TO CHILDREN WITH AUTISM SPECTRUM DISORDER, THEIR FAMILIES AND THOSE WHO LIVE AND WORK WITH THEM MARCUS AUTISM CENTER OFFERS INTEGRATED ADVANCED CLINICAL, BEHAVIORAL, EDUCATIONAL AND FAMILY SUPPORT SERVICES THROUGH A SINGLE ORGANIZATION TO REDUCE THE STRESS FOR FAMILIES THAT USE OUR SERVICES MARCUS AUTISM CENTER HAD ITS BEGINNINGS AS THE MARCUS DEVELOPMENTAL RESOURCE CENTER AT EMORY UNIVERSITY IN 1991 SINCE THEN, WITH THE HELP OF COMMUNITY SUPPORT, MARCUS AUTISM CENTER HAS TREATED MORE THAN 40,000 CHILDREN IN 2018, THEY CARED FOR MORE THAN 4,000 INDIVIDUAL PATIENTS AND DIRECTLY IMPACTED MORE THAN 379,000 CHILDREN IN GEORGIA AND BEYOND THROUGH EDUCATIONAL OUTREACH WITH THE SUPPORT OF GENEROUS DONATIONS, MARCUS AUTISM CENTER HAS BECOME A NATIONALLY RECOGNIZED CENTER FOR EXCELLENCE FOR THE PROVISION OF COORDINATED AND COMPREHENSIVE SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER SINCE 2014, MARCUS AUTISM CENTER HAS TRACKED MORE THAN 6,000 DIAGNOSTIC EVALUATIONS AND 131,000 CLINICAL VISITS WITH 19,000 UNIQUE PATIENTS, CONDUCTED RESEARCH, AND PROVIDED EDUCATION AND TRAINING PROGRAMS TOGETHER WITH FAMILIES, SUPPORT GROUPS, GOVERNMENT AGENCIES AND FOUNDATIONS, MARCUS AUTISM CENTER IS STRENGTHENING THE COMMUNITY THROUGH ADVOCACY AT THE LOCAL AND STATE LEVEL MARCUS AUTISM CENTER STRIVES FOR FULLER INTEGRATION OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER INTO SCHOOL AND COMMUNITY LIFE, BETTER ACCESS 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 2018, 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			
Virginia Brewer ..... 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 & TRUSTEE- SYSTEM/HSOC	10 0 ..... 41 0	X						0	689,596	119,476
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 ..... INDIVIDUAL TRUSTEE- SYSTEM/FDN	1 0 ..... 1 0	X						0	0	0





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(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			
Richard Courts ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
Andrew Sullivan ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Tripp Rawls ..... Individual Trustee - MAC	1 0 ..... 0 0	X						0	0	0
Pat Frias ..... Individual Trustee - MAC	10 0 ..... 41 0	X						0	900,001	144,325
Bernie Dixon ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
Cedric Miller MD ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						126,359	0	0
David Ratcliffe ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
Eddie Meyers ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 0 0	X						0	0	0
Ernest Greer ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
Jeff Seaman ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jonathan Goldman ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 2 0	X						0	0	0
Keith Mason ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 2 0	X						0	0	0
Liz Blake ..... INDIVIDUAL TRUSTEE- SYSTEM/MAC	1 0 ..... 2 0	X						0	0	0
Stephanie Blank ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
Steve Cahillane ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
Lucky Jain ..... Ind Trustee-MAC/Exec Prac Dir	1 0 ..... 1 0	X						0	308,129	3,285
Lynn Perez ..... Indi Trustee-MAC/VP Ops MAC	1 0 ..... 0 0	X						293,214	0	29,184
Michael Riley ..... INDIV TRUSTEE-HSOC/VP FIN OPS	1 0 ..... 0 0	X						336,129	0	28,169
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

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(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			
Allison Dukes ..... Individual Trustee- SYSTEM/FDN	1 0 ..... 1 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- SYSTEM/FDN	1 0 ..... 41 0	X						0	659,329	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
Charles Ogburn ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
Doug Black ..... Individual Trustee - FDN	1 0 ..... 0 0	X						0	0	0
Alan Dahl ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 1 0	X						0	0	0
CHRIS MOFFETT ..... INDIVIDUAL TRUSTEE - MAC	1 0 ..... 0 0	X						0	0	0

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(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			
JOHN STEPHENSON ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
MARK GRIFFITHS MD ..... INDIVIDUAL TRUSTEE - HSOC	1 0 ..... 0 0	X						16,370	0	0
NICK FLETCHER ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
STEVE CHADDICK ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
TOMMY HOLDER ..... INDIVIDUAL TRUSTEE- SYSTEM/FDN	1 0 ..... 1 0	X						0	0	0
TIM SCHRADER MD ..... INDIVIDUAL TRUSTEE - SYSTEM	1 0 ..... 0 0	X						689,960	0	28,126
TONY RICH ..... INDIVIDUAL TRUSTEE - FDN	1 0 ..... 0 0	X						0	0	0
Jesse Spikes ..... INDIVIDUAL TRUSTEE - HSOC	1 0 ..... 0 0	X						0	0	0
Ami Klin ..... INDIVIDUAL TRUSTEE - MAC	1 0 ..... 0 0	X						0	0	0
Larry Smith ..... INDIVIDUAL TRUSTEE - MAC	1 0 ..... 0 0	X						0	0	0



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(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			
Ruth Fowler ..... CFO/TREASURER - SYSTEM	10 0 ..... 40 0			X				0	819,223	131,309
LESLIE JONES ..... GEN COUNSEL, SECRETARY-SYS/MAC	10 0 ..... 40 0			X				0	546,290	81,416
Tonja Bridges ..... CAMPAIGN OPS DIRECTOR/SEC-FDN	50 0 ..... 0 0			X				124,133	0	28,626
Mary Beth Bova ..... SVP OPS-ECH/IND TRUSTEE-HSOC	50 0 ..... 0 0				X			373,825	0	21,300
Jill Strickland ..... SVP Physician Practices Ops	50 0 ..... 0 0				X			360,779	0	55,801
Stacey Deweese ..... SVP Operations - SR	50 0 ..... 0 0				X			300,823	0	29,218
Linda Cole ..... Chief Nursing/Hosp Ops Officer	10 0 ..... 40 0				X			0	484,992	56,437
Andrew Reisner ..... Neurosurgeon	50 0 ..... 0 0					X		953,403	0	32,743
William Boydston ..... Prac Dir Neursurgical Svcs	50 0 ..... 0 0					X		1,021,268	0	26,790
DAVID WRUBEL ..... NEUROSURGEON	50 0 ..... 0 0					X		898,841	0	27,766

**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			
BARUNASHISH BRAHMA ..... NEUROSURGEON	50 0 ..... 0 0					X		866,451	0	25,842
MICHAEL SCHMITZ ..... ORTHOPEDIC SURGEON	50 0 ..... 0 0					X		878,830	0	31,052
JULIA JONES ..... FORMER KEY EMPLOYEE - HSOC	50 0 ..... 0 0						X	270,716	0	26,162
SCOTT HODOVAL ..... FORMER KEY EMPLOYEE - FDN	50 0 ..... 0 0						X	268,769	0	27,823

## TY 2018 Affiliate Listing

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

**EIN:** 90-0779996

### TY 2018 Affiliate Listing

Name	Address	EIN	Name control
EGLESTON CHILDREN'S HOSPITAL	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	58-0572412	EGLE
SCOTTISH RITE CHILDREN'S MED CTR	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	58-0572465	SCOT
EGLESTON AFFILIATED SERVICES INC	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	58-2147112	EGLE
EGLESTON PEDIATRIC GROUP INC	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	58-2201217	EGLE
HSOC INC	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	20-3962330	HSOC
MARCUS AUTISM CENTER INC	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	26-2809380	MARC
CHILDREN'S HEALTHCARE OF ATL FDN	3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	58-1710601	CHIL



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	81,478,337	78,702,680	94,771,344	76,891,967	99,007,975	430,852,303
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3	81,478,337	78,702,680	94,771,344	76,891,967	99,007,975	430,852,303
<b>5</b> 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)						62,006,439
<b>6 Public support.</b> Subtract line 5 from line 4						368,845,864

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	81,478,337	78,702,680	94,771,344	76,891,967	99,007,975	430,852,303
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,837,809	9,308,832	8,184,277	10,647,713	5,407,459	56,386,090
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )				4,550		4,550
11	Total support. Add lines 7 through 10						487,242,943
12	Gross receipts from related activities, etc (see instructions)					12	7,296,147,016
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.701 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	80.179 %
<b>16a 33 1/3% support test—2018.</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 33 1/3% support test—2017.</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 10%-facts-and-circumstances test—2018.</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 10%-facts-and-circumstances test—2017.</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 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**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) 2018</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,176,000	7,238,000	9,870,000	8,364,000	8,245,000	42,893,000
<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	2,558,000	3,769,000	5,424,000	6,164,000	5,878,000	23,793,000
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5	11,734,000	11,007,000	15,294,000	14,528,000	14,123,000	66,686,000
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<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	0	0	0	0	0	0
<b>c</b>	Add lines 7a and 7b	0	0	0	0	0	0
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						66,686,000

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) 2018</b>	<b>(f) Total</b>
<b>9</b>	Amounts from line 6	11,734,000	11,007,000	15,294,000	14,528,000	14,123,000	66,686,000
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
<b>c</b>	Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	178,000	98,000	66,000	195,000	656,000	1,193,000
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	11,912,000	11,105,000	15,360,000	14,723,000	14,779,000	67,879,000

**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 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.242 %
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	98.915 %

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	0 %

**19a 33 1/3% support tests—2018.** 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—2017.** 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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		
1		No
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		No

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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	

<b>Section C - Distributable Amount</b>			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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . . 0			
b From 2014. . . . . 0			
c From 2015. . . . . 0			
d From 2016. . . . . 0			
e From 2017. . . . . 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2018 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2014. . . . . 0			
b Excess from 2015. . . . . 0			
c Excess from 2016. . . . . 0			
d Excess from 2017. . . . . 0			
e Excess from 2018. . . . . 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
SCHEDULE A, PART I	<p>PUBLIC CHARITY STATUS OF GROUP RETURN AFFILIATES EGGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 EGGLESTON AFFILIATED SERVICES, INC PUBLIC CHARITY STATUS 170(B)(1)(A)(III) - BOX 3 EGGLESTON 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</p>



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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

Complete if the organization answered "Yes" 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) 2018

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	165,633,233	151,455,152	144,155,800	142,112,872	133,659,871
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	5,453,985	14,740,293	7,825,208	2,500,092	8,855,491
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	573,184	562,211	525,856	457,164	402,389
<b>f</b> Administrative expenses . . . . .					101
<b>g</b> End of year balance . . . . .	170,514,034	165,633,234	151,455,152	144,155,800	142,112,872

**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 ▶ 91 780 %

**c** Temporarily restricted endowment ▶ 8 220 %

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 . . . . .

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

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		185,415,043		185,415,043
<b>b</b> Buildings . . . . .		763,044,015	309,657,165	453,386,850
<b>c</b> Leasehold improvements		11,594,507	8,038,035	3,556,472
<b>d</b> Equipment . . . . .		509,674,838	261,576,265	248,098,573
<b>e</b> Other . . . . .		256,487,507	216,817,580	39,669,927
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				930,126,865

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 RECEIVALBES FROM PARENT	2,507,877,910
(2) DEPOSITS/NON CURRENT ASSETS	12,082,010
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	2,519,959,920

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	628,745,497
LONG TERM INSURANCE RESERVES	21,151,379
DUE TO/FROM GOVERNMENT PAYORS	5,782,928
NON CURRENT LIABILITIES	840,998
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	656,520,802

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
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE PERMANENTLY RESTRICTED ENDOWMENT BALANCE INCLUDES \$44,442,579 OF EGLESTON'S BENEFICIAL INTEREST IN TRUSTS AND \$114,437,028 OF SCOTTISH RITE'S BENEFICIAL INTEREST IN TRUSTS CHILDREN'S IS THE PRIMARY BENEFICIARY OF THE PROPORTIONAL INCOME FROM CERTAIN PERPETUAL THIRD-PARTY TRUSTS CHILDREN'S HAS NO ACCESS TO THE CORPUS OF THESE TRUSTS AND HAS LIMITED INPUT INTO, AND ONLY IN SOME CASES, THE INVESTMENT MIX OF THE UNDERLYING FUNDS HELD BY THE TRUSTS THE ESTIMATED PRESENT VALUE OF FUTURE DISTRIBUTIONS TO BE RECEIVED FROM THESE TRUSTS IS USED FOR VALUATION PURPOSES ALL ENDOWMENT FUNDS ARE COMPRISED OF PUBLICLY TRADED AND MARKETABLE SECURITIES, WITH THE EXCEPTION OF THE SCOTTISH RITE BENEFICIAL INTERESTS IN TRUSTS, WHICH ARE CLASSIFIED AS OTHER SECURITIES ENDOWMENT FUNDS ARE UTILIZED TO PROVIDE FINANCIAL SUPPORT FOR CLINICAL, RESEARCH, TEACHING, AND WELLNESS INITIATIVES AND PROGRAMS, INCLUDING A DESIGNATED PORTION FOR CHARITY CARE SERVICES

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	DESCRIPTION OF OTHER LIABILITIES THE INTERCOMPANY BALANCE INCLUDES THE FILING ORGANIZATION'S SHARE OF THE TAX-EXEMPT BOND LIABILITIES AS PART OF THE HEALTH SYSTEM'S OBLIGATED GROUP DETAILED INFORMATION ABOUT THE OBLIGATED GROUP'S TAX EXEMPT BONDS IS REPORTED ON THE FORM 990 OF THE GROUP'S PARENT, CHILDREN'S HEALTH CARE OF ATLANTA, INC , EIN 58-2367819





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

		(a) Event #1 <u>HOPE&amp;WILL GALA</u> (event type)	(b) Event #2 <u>SPRING CLASSIC</u> (event type)	(c) Other events <u>100</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,202,730	467,263	14,081,432	15,751,425
	<b>2</b> Less Contributions . . . . .	849,334	220,800	3,244,075	4,314,209
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	353,396	246,463	10,837,357	11,437,216
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	20,000		118,187	138,187
	<b>7</b> Food and beverages . . . . .	116,941		148,944	265,885
	<b>8</b> Entertainment . . . . .	4,000		17,672	21,672
	<b>9</b> Other direct expenses . . . . .	78,063	157,355	2,026,132	2,261,550
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				2,687,294
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				8,749,922

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .			138,465	138,465
	<b>2</b> Cash prizes . . . . .				
Direct Expenses	<b>3</b> Noncash prizes . . . . .			52,581	52,581
	<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) . . . . . ▶				52,581
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				85,884

**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>	0 %
<b>b</b> An outside facility	<b>13b</b>	100 000 %

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

Name ► ANTHONY MEADOWS

Address ► 3375 NORTHEAST EXPRESSWAY  
ATLANTA, GA 30341

**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 ► SCOTT HODOVAL

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► EMPLOYEE/INDEPENDENT

☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☒ **No**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Return Reference

Explanation

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 235 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 340 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			27,442,446	2,708,000	24,734,446	1 630 %
b Medicaid (from Worksheet 3, column a)			746,711,912	650,731,391	95,980,521	6 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			774,154,358	653,439,391	120,714,967	7 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			28,563,292	4,375,294	24,187,998	1 600 %
f Health professions education (from Worksheet 5)			30,520,013	19,699,997	10,820,016	0 710 %
g Subsidized health services (from Worksheet 6)			49,479,126	21,226,188	28,252,938	1 860 %
h Research (from Worksheet 7)			62,828,045	17,317,111	45,510,934	3 000 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			171,390,476	62,618,590	108,771,886	7 170 %
k Total. Add lines 7d and 7j			945,544,834	716,057,981	229,486,853	15 130 %

**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			15,880			
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			15,880			

**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>	35,029,854	
<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>		
<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>	9,337,120
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	8,386,363
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	950,757
<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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>		
<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>		

**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 %	0 %	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? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
<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 <u>235</u> % and FPG family income limit for eligibility for discounted care of <u>340</u> % <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input type="checkbox"/> Asset level <b>d</b> <input checked="" type="checkbox"/> Medical indigency <b>e</b> <input checked="" type="checkbox"/> Insurance status <b>f</b> <input type="checkbox"/> Underinsurance discount <b>g</b> <input type="checkbox"/> Residency <b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . 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) <u>SEE PART V, SECTION C</u> <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u> <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u> <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 nonpayment? . . . . .	<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>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? **43**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORTING CHILDREN'S HEALTHCARE OF ATLANTA, INC , A RELATED ORGANIZATION, PREPARES AND MAKES AVAILABLE TO THE PUBLIC AN ANNUAL REPORT THAT INCLUDES EGGLESTON AND SCOTTISH RITE'S COMMUNITY BENEFITS
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY THE COSTING METHODOLOGY UTILIZED WAS DERIVED PER IRS SCHEDULE, WORKSHEET 2, WHICH CALCULATES RATIO OF PATIENT CARE COST TO CHARGES

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES THE SUBSIDIZED HEALTH SERVICES REPORTED ARE FOR HOSPITAL BASED PHYSICIAN CLINICS, INCLUDING DENTAL, ORTHODONTIC, MULTI-SPECIALTY, ETC
SCHEDULE H, PART I, LINE 7, COLUMN (F)	BAD DEBT EXPENSE BAD DEBT EXPENSE IN THE AMOUNT OF \$35,029,854 HAS BEEN REMOVED FROM TOTAL EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>CHILDREN'S HEALTHCARE COMMUNITY BUILDING ACTIVITIES INCLUDE ATLANTA FALCONS YOUTH FOUNDATION CHILDREN'S ATTENDS AND FREQUENTLY PRESENTS AT MONTHLY MEETINGS WITH OTHER GRANTEE ORGANIZATIONS TO DISCUSS PROJECT DETAILS RELATED TO PROGRAM DEVELOPMENT AND IMPLEMENTATION THE PRIMARY PURPOSE OF THIS MEETING IS TO SUPPORT COLLABORATIVE RELATIONSHIPS BETWEEN GRANTEE ORGANIZATIONS AND TO SUSTAIN PARTNERSHIPS ATLANTA PUBLIC SCHOOLS WELLNESS COMMITTEE CHILDREN'S PARTICIPATES IN THE ATLANTA PUBLIC SCHOOLS DISTRICT WELLNESS COUNCIL MEETINGS, IN WHICH ORGANIZATIONS COME TOGETHER TO HIGHLIGHT CURRENT APS WORK AND DISCUSS NEW WAYS TO PARTNER TO BETTER STUDENT HEALTH AND WELLNESS AT APS THIS ALSO PROVIDES AN OPPORTUNITY TO PROVIDE GUIDANCE ON THE DISTRICT'S SCHOOL WELLNESS POLICY BRIGHT FROM THE START GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING (DECAL) HEAD START HEALTH SERVICES ADVISORY COMMITTEE THE HEALTH SERVICES ADVISORY COMMITTEE IS COMPRISED OF LOCAL ORGANIZATIONS THAT ADVISE THE AGENCY AND PROVIDE SUPPORT FOR HEALTH AND WELLNESS INITIATIVES FOR HEAD START AND EARLY HEAD START STUDENTS COBB 2020 COBB 2020 IS A PARTNERSHIP CONSISTING OF COMMUNITY ORGANIZATIONS AND INDIVIDUALS DEDICATED TO PROMOTING HEALTHY LIFESTYLES AND THE DELIVERY OF ESSENTIAL HEALTH SERVICES IN COBB COUNTY THE PARTNERSHIP IS FOCUSED ON A HEALTH IMPROVEMENT PLAN, WHICH TARGETS THE REDUCTION AND PREVENTION OF CHRONIC DISEASES SUCH AS DIABETES, STROKE, HEART DISEASE AND CANCER CHILDREN'S SITS ON BOTH THE HEALTHY EATING AND PHYSICAL ACTIVITY WORKGROUPS 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 THROUGHOUT GEORGIA GEORGIA FARM TO SCHOOL ALLIANCE CHILDREN'S IS A MEMBER IN THIS NETWORK THAT JOINS STATEWIDE AGENCIES WORKING IN FOOD, FARMING AND NUTRITION TO COLLABORATE AND PROVIDES UPDATES ON RESOURCES AND SUPPORT FOR FARM TO SCHOOL, AND CREATES A DIALOGUE FOR BUILDING STATEWIDE PROGRAMMING GEORGIA SHAPE CHILDREN'S PARTICIPATES 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 POPULATIONS, INCREASE THE AEROBIC CAPACITY MEASURE OF GEORGIA'S YOUTH, INCREASE THE BREASTFEEDING RATE ACROSS GEORGIA, AND INCREASE THE NUMBER OF EARLY CARE CENTERS THAT EXCEL IN NUTRITION AND PHYSICAL ACTIVITY MEASURES GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES CHILDREN'S PARTICIPATES IN THE GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES HEALTH AND WELLNESS COMMITTEE THE COUNTY-WIDE INITIATIVE INCLUDES '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 CHILDREN'S ALSO PARTICIPATES IN THE EARLY LEARNING COMMITTEE, BRINGING TOGETHER STAKEHOLDERS INVESTED IN PROMOTING QUALITY EARLY CARE AND LEARNING EXPERIENCES FOR GWINNETT COUNTY YOUTH GWINNETT COUNTY SCHOOLS WELLNESS COMMITTEE CHILDREN'S PARTICIPATES IN THE GWINNETT COUNTY SCHOOLS DISTRICT WELLNESS COUNCIL MEETINGS, IN WHICH ORGANIZATIONS COME TOGETHER TO HIGHLIGHT CURRENT GWINNETT COUNTY SCHOOLS WORK AND DISCUSS NEW WAYS TO PARTNER TO BETTER STUDENT HEALTH AND WELLNESS THIS ALSO PROVIDES AN OPPORTUNITY TO PROVIDE GUIDANCE ON THE DISTRICT'S SCHOOL WELLNESS POLICY CHILD DEVELOPMENT INSTITUTE - HEAD START HEALTH SERVICES ADVISORY COMMITTEE THE HEALTH SERVICES ADVISORY COMMITTEE IS COMPRISED OF LOCAL ORGANIZATIONS THAT ADVISE THE AGENCY AND PROVIDE SUPPORT FOR HEALTH AND WELLNESS INITIATIVES FOR HEAD START AND EARLY HEAD START STUDENTS QUALITY RATED ADVISORY COMMITTEE THE QRAC IS LED BY BRIGHT FROM THE START - GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING, AND IS COMPRISED OF CHILD CARE PROVIDERS AT OTHER STAKEHOLDERS TO PROVIDE FEEDBACK ON GEORGIA'S QUALITY RATING AND IMPROVEMENT SYSTEM FOR EARLY CARE AND EDUCATION PROGRAMS GEORGIA 4H ADVISORY COMMITTEE THE GEORGIA 4H ADVISORY COMMITTEE'S PURPOSE IS TO ADVISE THE UNIVERSITY OF GEORGIA COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES EXTENSION, ON BEHALF OF THE CITIZENS OF GEORGIA, IN THE PLANNING OF 4H PROGRAMS WHICH MEET THE NEEDS OF GEORGIA YOUTH BOY SCOUTS OF AMERICA ATLANTA AREA COUNCIL, SAFETY AND HEALTH COMMITTEE THIS COMMITTEE ADVISES THE BOY SCOUTS OF AMERICA ATLANTA AREA COUNCIL ON SAFETY AND HEALTH PRACTICES AND POLICIES</p>
SCHEDULE H, PART III, LINE 2 AND 3	<p>BAD DEBT EXPENSE 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</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE IS BASED ON AN EVALUATION OF POTENTIALLY UNCOLLECTIBLE PORTIONS OF ACCOUNTS RECEIVABLE THE PROVISION CONSIDERED NECESSARY FOR SUCH DEBTS IS BASED ON AN ANALYSIS OF CURRENT AND PAST DUE ACCOUNTS, COLLECTION EXPERIENCE IN RELATION TO AMOUNTS BILLED AND OTHER RELEVANT INFORMATION THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS REPRESENTS THE ESTIMATED UNCOLLECTIBLE PORTION OF PATIENT ACCOUNTS RECEIVABLE FOR SELF-PAY RECEIVABLES ASSOCIATED WITH PATIENTS THAT HAVE THIRD PARTY COVERAGE
SCHEDULE H, PART III, LINE 8	EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT MEDICARE PAYMENT AND MEDICARE CHARGES ARE ISOLATED BASED ON PAYMENTS POSTED/RECEIVED IN THE CALENDAR YEAR COST IS ESTIMATED USING OVERALL COST-TO-CHARGE RATIO

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS AS WELL AS MOST OUTPATIENT VISITS ARE CONDUCTED BY FINANCIAL COUNSELORS TO IDENTIFY POTENTIAL INSURANCE OR OTHER COVERAGE FOR EACH PATIENT COUNSELORS MAKE CONTACT WITH THE FAMILIES, EITHER IN PERSON OR LETTER, TO ASSIST THE FAMILY IN IDENTIFYING ANY PROGRAMS FOR WHICH THE PATIENT/SERVICE MAY QUALIFY (INCLUDING MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP), INSURANCE COVERAGE, AND CHARITY ASSISTANCE) IF THE FAMILY CANNOT BE LOCATED OR IS UNCOOPERATIVE AFTER A PERIOD OF TIME, THESE ACCOUNTS ARE TRANSFERRED TO AN INTERNAL COLLECTION AREA FOR FURTHER ATTEMPTS TO OBTAIN PAYMENT OR, IF THE PATIENT MAY QUALIFY FOR ASSISTANCE, TO SECURE A FINANCIAL ASSISTANCE APPLICATION
SCHEDULE H, PART IV, LINE 1	MANAGEMENT COMPANIES AND JOINT VENTURES NAME OF ENTITY CHILDREN'S HEALTHCARE OF ATLANTA SURGERY CENTER AT MERIDIAN MARK PLAZA, LLC DESCRIPTION OF PRIMARY ACTIVITY OUTPATIENT SURGERY CENTER ORGANIZATION'S PROFIT OR OWNERSHIP % 51% OFFICERS', DIRECTORS', TRUSTEESKEY EMPLOYEES' OWNERSHIP % 0% PHYSICIANS' PROFIT OR OWNERSHIP % 49%



990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT TO CONTINUE TO ADVANCE THE HEALTH AND WELLNESS OF CHILDREN AND ADOLESCENTS WITHIN THE COMMUNITY, CHILDREN'S IDENTIFIED AND PRIORITIZED PEDIATRIC COMMUNITY HEALTH NEEDS WITH INPUT FROM A BROAD RANGE OF TRULY REMARKABLE HEALTHCARE PROFESSIONALS WHO ARE PASSIONATE ABOUT THE INTERESTS OF CHILDREN AND ADOLESCENTS THE ASSESSMENT HELPS CHILDREN'S 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 CHILDREN'S WEBSITE IN ACCORDANCE WITH IRS REGULATIONS OUR COMMUNITY OF FOCUS THE 2016 CHNA FOCUSED ON IDENTIFYING PEDIATRIC HEALTHCARE NEEDS IN THE METROPOLITAN ATLANTA REGION, FOCUSING SPECIFICALLY ON THE 18-COUNTY PRIMARY AND SECONDARY SERVICE AREAS THAT ACCOUNTED FOR 77 PERCENT OF ADMISSIONS, 97 PERCENT OF EMERGENCY DEPARTMENT VISITS AND 92 PERCENT OF OUTPATIENT VISITS TO CHILDREN'S DURING 2015 THESE 18 COUNTIES ARE BARTOW, CARROLL, CHEROKEE, CLAYTON, COBB, COWETA, DEKALB, DOUGLAS, FAYETTE, FORSYTH, FULTON, GWINNETT, HALL, HENRY, NEWTON, PAULDING, ROCKDALE AND WALTON PROCESS AND DATA SOURCES BUILDING ON EXTENSIVE WORK CONDUCTED IN THE 2013 CHNA, THE 2016 CHNA PROCESS USED A SURVEY TO VALIDATE THE TOP NEEDS AND DETERMINE WHETHER ANY NEW NEEDS HAD EMERGED IN THE THREE YEARS BETWEEN ASSESSMENTS THE SURVEY WAS COMPLETED BY 79 INDIVIDUALS REPRESENTING THE INTERESTS OF THE PEDIATRIC HEALTHCARE COMMUNITY IN THE GREATER METROPOLITAN ATLANTA REGION, INCLUDING SEVERAL PARTICIPANTS FROM THE ORIGINAL 2013 ASSESSMENT A COMPLETE LIST OF PARTICIPANTS IS AVAILABLE IN THE ACKNOWLEDGMENTS THESE INDIVIDUALS REPRESENT DIVERSE HEALTHCARE BACKGROUNDS, INCLUDING COMMUNITY LEADERS, PHYSICIANS, CHILDREN'S HEALTHCARE OF ATLANTA EMPLOYEES AND FAMILY ADVISORY COUNCIL MEMBERS THESE INDIVIDUALS ALSO REPRESENT EACH OF THE COUNTIES IN THE PRIMARY AND SECONDARY SERVICE AREAS EACH CONTRIBUTOR WAS ASKED TO RANK THE PEDIATRIC COMMUNITY HEALTH NEED PRIORITIES IDENTIFIED IN 2013 ON AN ORDINAL SCALE WITH 1 BEING THE HIGHEST PRIORITY AND 10 BEING THE LOWEST PRIORITY THERE WAS SIGNIFICANT CONSENSUS THAT THESE ISSUES AFFECTED CHILDREN ACROSS MULTIPLE CULTURAL, SOCIO-ECONOMIC AND GEOGRAPHIC COMMUNITIES WITHIN THE EXPANSIVE GREATER METRO ATLANTA REGION PARTICIPANTS ALSO HAD THE OPPORTUNITY TO IDENTIFY NEW HEALTH NEEDS IN ADDITION TO THE 10 IDENTIFIED IN 2013 THE CHNA WAS COMPLETED FROM JUNE TO JULY 2016 COMMUNITY HEALTH NEEDS PRIORITIES THOUGH PARTICIPANTS IN THE 2016 ASSESSMENT HAD THE OPPORTUNITY TO IDENTIFY NEW NEEDS, NO NEW NEEDS WERE EXPRESSED BY A MAJORITY OF PARTICIPANTS THE 10 PEDIATRIC HEALTHCARE NEEDS IDENTIFIED IN THE 2013 CHNA REMAIN THE TOP NEEDS IN 2016, THOUGH THEIR PRIORITY RANKING HAS SLIGHTLY SHIFTED THE 2016 CHNA NEEDS IN PRIORITY ORDER ARE 1 PROVIDE COORDINATION AND CONTINUITY OF SERVICES THROUGH "MEDICAL HOMES" 2 ENHANCE PARTNERSHIPS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES 3 PROVIDE ACCESS TO SUBSPECIALTY SERVICES 4 DEVELOP PROGRAMS TO REDUCE OBESITY 5 ENHANCE AWARENESS OF ASTHMA 6 DEVELOP PROGRAMS TO COORDINATE THE TRANSITION OF CARE TO ADULTHOOD 7 ESTABLISH PARTNERSHIPS WITH SCHOOLS TO COORDINATE APPROACHES TO ADDRESS HEALTH ISSUES 8 ENHANCE ACCESS TO SERVICES THAT ADDRESS ADOLESCENT HEALTH ISSUES 9 ENHANCE ACCESS TO DENTAL HEALTH SERVICES 10 DEVELOP PROGRAMS TO ADDRESS HEALTH NEEDS OF IMMIGRANT AND TRANSIENT POPULATIONS</p>
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ANNUALLY, A NEWSPAPER NOTICE ADVISES THE COMMUNITY THAT THE ORGANIZATION'S HOSPITALS ARE MEDICAID PROVIDERS PARTICIPATING IN THE STATE'S INDIGENT CARE TRUST FUND, AND THAT FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY HOSPITAL SERVICES MAY BE AVAILABLE SIMILARLY, SIGNS AT ALL HOSPITAL REGISTRATION SITES PROVIDE PATIENTS AND FAMILIES WITH SIMILAR NOTICE IN ADDITION, HOSPITAL FINANCIAL COUNSELORS ACTIVELY ENGAGE FAMILIES TO ASSIST THEM IN SECURING FINANCIAL ASSISTANCE, AND WRITTEN NOTICES ADVISE FAMILIES TO CONTACT CUSTOMER SERVICE WITH ANY ISSUES CONCERNING THEIR BILLS AND POTENTIAL ASSISTANCE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION GEOGRAPHIC CHILDREN'S IS THE LARGEST PEDIATRIC PROVIDER IN THE STATE, CARING FOR CHILDREN FROM ALL 159 GEORGIA COUNTIES IN 2018 DEMOGRAPHICS OF THE 10 5 MILLION PEOPLE WHO LIVE IN GEORGIA, 2 5 MILLION (24 PERCENT) OF THOSE ARE CHILDREN (DEFINED AS LESS THAN 18 YEARS OF AGE) APPROXIMATELY 1 4 MILLION CHILDREN LIVE IN THE ATLANTA MSA,, THE LARGEST POPULATION OF CHILDREN IN THE ATLANTA MSA BY AGE COHORT IS CHILDREN AGES 10 TO 14 YEARS OLD (JUST UNDER 420,000) THE ATLANTA MSA POPULATION IS RACIALLY DIVERSE 47 PERCENT WHITE, 33 5 PERCENT BLACK OR AFRICAN AMERICAN, 10 8 PERCENT HISPANIC OR LATINO, 5 8 PERCENT ASIAN OR PACIFIC ISLANDER AND 2 8 PERCENT OTHER THE 2018 ESTIMATED MEDIAN HOUSEHOLD INCOME FOR RESIDENTS IN THE ATLANTA MSA IS APPROXIMATELY \$65,381 AS COMPARED TO \$56,183 FOR GEORGIA OVERALL
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH THE CHILDREN'S HEALTHCARE OF ATLANTA BOARD OF TRUSTEES IS THE GOVERNING BODY OF CHILDREN'S IT IS COMPRISED OF VOLUNTARY COMMUNITY LEADERS WHO SHARE A COMMITMENT TO SERVING THE COMMUNITY BY ENHANCING THE LIVES OF CHILDREN A MAJORITY OF THIS GOVERNING BODY IS COMPRISED OF BOARD MEMBERS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA THEY ARE NOT EMPLOYEES OR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF CHILDREN'S HEALTHCARE OF ATLANTA EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF OUR DEPARTMENTS CHILDREN'S PROVIDES ACCESS TO MORE THAN 1,900 PEDIATRIC PHYSICIANS CHILDREN'S IS ALSO THE PEDIATRIC PHYSICIAN TEACHING SITE FOR EMORY UNIVERSITY SCHOOL OF MEDICINE AND MOREHOUSE SCHOOL OF MEDICINE NEW PHYSICIANS ARE ENCOURAGED TO PARTICIPATE IN FELLOWSHIP PROGRAMS, WHICH ARE AVAILABLE IN A VARIETY OF SPECIALTIES CHILDREN'S HEALTHCARE OF ATLANTA APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC (EGLESTON) AND SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC (SCOTTISH RITE) ARE PART OF AN AFFILIATED HEALTH CARE SYSTEM 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 CHILDREN'S 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 11,500 EMPLOYEES WORK ACROSS THE CHILDREN'S HEALTHCARE SYSTEM PROVIDING CARE FOR OVER 1,160,186 PATIENT VISITS THEY MANAGED IN 2018 IN 2018, CHILDREN'S HEALTHCARE OF ATLANTA, INC PROMOTED THE HEALTH OF THE OVERALL COMMUNITY AND PROVIDED 638 LICENSED BEDS AND 430,868 UNIQUE PATIENTS (FROM ALL 159 COUNTIES IN GEORGIA) 27,074 HOSPITAL DISCHARGES, 165,570 INPATIENT DAYS, 1,124,069 OUTPATIENT VISITS, 43,333 SURGICAL PROCEDURES, 243,709 EMERGENCY DEPARTMENT VISITS, AND 177,894 URGENT CARE CENTER VISITS IN ADDITION, CHILDREN'S MANAGED 74,645 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>
SCHEDULE H, PART VI, LINE 7	<p>STATE FILING OF COMMUNITY BENEFIT REPORT CHILDREN'S HEALTHCARE OF ATLANTA IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT UNDER GEORGIA LAW HOWEVER, AN ANNUAL REPORT IS PRODUCED ILLUSTRATING THE BENEFIT TO THE COMMUNITY AND WHICH IS MADE ON CHOA'S WEBSITE AT 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</p>

## Additional Data

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

**EIN:** 90-0779996

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

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

[illegible]

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>INPUT WAS GATHERED FROM A BROAD RANGE OF REMARKABLE HEALTHCARE LEADERS WHO ARE PASSIONATE ABOUT THE INTEREST OF CHILDREN AND ADOLESCENTS THESE LEADERS IDENTIFIED AND PRIORITIZED P EDIATRIC COMMUNITY HEALTH NEEDS TO HELP ADVANCE THE HEALTH AND WELLNESS OF CHILDREN AND AD OLESCENTS WITHIN THE COMMUNITY LIST OF CHNA CONTRIBUTORS 1 MICHAEL ANDERSON, M D PEDIATR ICIAN CHILDREN'S PEDIATRIC CENTER EAST MAIN 2 ROSALYN BACON DEPUTY DIRECTOR FULTON COUNTY DEPARTMENT OF HEALTH AND WELLNESS 3 ELIZABETH BAKER PARENT CHILDREN'S 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 PED IATRICIAN LITTLE FIVE POINTS PEDIATRICS 7 JENNIFER BROWN DISTRICT CHILD HEALTH AND IMMUNIZ ATION NURSE NORTHEAST GEORGIA PUBLIC HEALTH 8 STEVE CARTER, M D PEDIATRICIAN WEST ATLANTA PEDIATRICS 9 RAJANI CHAUDHARI, M D PEDIATRICIAN CHILDREN'S HEALTHCARE OF ATLANTA 10 NICO LA CHIN, M D PEDIATRICIAN FIRST GEORGIA PHYSICIANS PEDIATRICS 11 JEFFREY COOPER, M D PED IATRICIAN COOPER PEDIATRICS 12 LISA CROSSMAN DEPUTY DIRECTOR COBB AND DOUGLAS PUBLIC HEALT H 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 CHILDREN'S HEALTHCARE OF ATLANTA 17 RONALD FRIESON PR ESIDENT, FOUNDATION AND EXTERNAL AFFAIRS CHILDREN'S HEALTHCARE OF ATLANTA 18 JAQUELIN GOTL IEB, M D , F A A P PEDIATRICIAN THE PEDIATRIC CENTER OF STONE MOUNTAIN, LLC 19 JANICE HAK ER DIRECTOR, GEORGIA HEAD START COLLABORATION OFFICE BRIGHT FROM THE START GEORGIA DEPART MENT OF EARLY CARE AND LEARNING 20 ANGIE HANES DISTRICT NURSING DIRECTOR DISTRICT 2 PUBLIC HEALTH DEPARTMENT 21 VALERIE HARPER PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 22 LLOYD HO FER, M D DIRECTOR GWINNETT, NEWTON AND ROCKDALE HEALTH DEPARTMENTS 23 GEORGINA HOWARD NUR SING DIRECTOR FULTON COUNTY DEPARTMENT OF HEALTH AND WELLNESS 24 HOLLY HUBBARD, M D PEDIA TRICIAN HUBBARD PEDIATRIC GROUP 25 VANNA JACKSON, M D PEDIATRICIAN SANDY SPRINGS PEDIATRI CS 26 LINDSEY JORSTAD COMMUNITY SERVICES OUTREACH MANAGER GWINNETT COUNTY 27 PATRICIA JOSE PH DIRECTOR OF NURSING DEKALB COUNTY BOARD OF HEALTH 28 CHRISTI KAY PRESIDENT HEALTHMPOWER S INC 29 CHERYL JONES KENDALL, M D PEDIATRICIAN WE CARE PEDIATRIC AND ADOLESCENT GROUP I NC 30 JOHN KENNEDY, M D DISTRICT HEALTH DIRECTOR COBB AND DOUGLAS PUBLIC HEALTH DEPARTME NT 31 PANYAVEE KHAN, M D , F A A P PEDIATRICIAN AND CEO CUMMING PEDIATRIC GROUP 32 NATASH A KIMSEY, R D , L D DIRECTOR OF CLINIC OPERATIONS GWINNETT, NEWTON AND ROCKDALE COUNTY HE ALTH DEPARTMENTS 33 BARBARA KING PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 34 AARON KLEPIN GER PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 35 ELIZABETH LEDUC, M D PEDIATRICIAN CENTER FOR PEDIATRIC WELLNESS PC 36</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	LAURA LENAUS PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 37 ROBERT LICATA, M D PEDIATRICA N PEDIATRIC ASSOCIATES OF JOHNS CREEK PC 38 ROBERTA LUCAS, M D PEDIATRICIAN LUCAS PEDIATR ICS 39 SABRINA MALLETT PLANNING AND PARTNERSHIP DIRECTOR COBB AND DOUGLAS PUBLIC HEALTH 40 STEVEN MALONE RECREATION SERVICES MANAGER ROSWELL RECREATION, PARKS, HISTORIC AND CULTURA L AFFAIRS DEPARTMENT 41 ANDREW MARKS PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 42 LINDSAY MARKS PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 43 KEVIN MASON, M D DEPUTY DIRECTOR CLAYT ON COUNTY BOARD OF HEALTH 44 DAN MATHEWS DIRECTOR OF CAMPING SERVICES CAMP TWIN LAKES 45 L INDA MATZIGKEIT CHIEF ADMINISTRATIVE OFFICER CHILDREN'S HEALTHCARE OF ATLANTA 46 GINA MAXE Y, M D PEDIATRICIAN PEDIATRICIAN VILLAGE PEDIATRICS 47 GINGER MCGEE MEDICAL PRACTICE MANA GER NORTH POINT PEDIATRICS 48 LAURA MIXSON PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 49 ED UARDO MONTANA, M D EXECUTIVE MEDICAL DIRECTOR CHILDREN'S CARDIOVASCULAR AND PREVENTIVE ME DICINE 50 KATHERINE MORRIS, N P NURSE PRACTITIONER MEDLOCK PEDIATRICS 51 ANDREW MUIR, M D CHIEF, PEDIATRIC ENDOCRINOLOGY CHILDREN'S HEALTHCARE OF ATLANTA 52 NATALIE MUNDY MENTORI NG 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 C OUNTY SCHOOLS 55 JULIE OPEKA N P NURSE PRACTITIONER GRAYSON PEDIATRICS 56 STEPHANIE PATTE RSON ON BEHALF OF EAST COBB PEDIATRICS 57 WILLIAM PAYNE, M D PEDIATRICIAN CARTERSVILLE PE DIATRIC ASSOCIATES 58 EMILY PELTON EXECUTIVE DIRECTOR VOICES FOR GEORGIA'S CHILDREN 59 KAR A PRICKETT, M D ASSISTANT PROFESSOR EMORY UNIVERSITY 60 JULIA ROBERTS PARENT CHILDREN'S F AMILY ADVISORY COUNCIL 61 KERITH RUDNICKI, M D PEDIATRICIAN CHILDREN'S MEDICAL GROUP PC 6 2 ADRIANA RZEZNIK, M D PEDIATRICIAN WOODSTOCK PEDIATRIC MEDICINE PC 63 DAN SALINAS, M D CHIEF MEDICAL OFFICER CHILDREN'S HEALTHCARE OF ATLANTA 64 STELLA SHIN, M D PEDIATRIC NEPH ROLOGIST EMORY HEALTHCARE AND CHILDREN'S HEALTHCARE OF ATLANTA 65 ANDREA SILVER PARENT CHI LDREN'S FAMILY ADVISORY COUNCIL 66 GWEN SIRMANS PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 67 JONIKA SUTTON PARENT CHILDREN'S FAMILY ADVISORY COUNCIL 68 LAURA TANASE NUTRITION AND W ELLNESS SPECIALIST GEORGIA DEPARTMENT OF EDUCATION 69 ZACHARY TAYLOR, M D NORTH GEORGIA H EALTH DISTRICT DIRECTOR GEORGIA DEPARTMENT OF PUBLIC HEALTH 70 JOSHUA VOVA, M D DIRECTOR OF REHABILITATION MEDICINE CHILDREN'S 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 IV, M D PEDIATRICIAN PEDIATRIC ASS OCIATES OF NEWNAN 74 CAROL WILLIAMS, M D PEDIATRICIAN KIDCARE PEDIATRICS THE CHNA WAS COM PLETED FROM JUNE 30, 2016 TO JULY 15, 2016 THE SURVEY WAS COMPLETED BY INDIVIDUALS REPRES ENTING THE INTERESTS OF THE PEDIATRIC HEALTHCARE COMMUNITY IN THE GREATER METROPOLITAN ATL ANTA REGION, INCLUDING CHILDR

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	N 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-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 CHILDREN'S FOR FULTON-DEKALB HOSPITAL AUTHORITY IN ADDITION TO BEING AN ACUTE CARE HOSPITAL WITH A FULL SERVICE EMERGENCY DEPARTMENT AND INPATIENT BEDS, HUGHES SPALDING PROVIDES PRIMARY CARE SERVICES FOR THOSE UNDERSERVED POPULATIONS IN AND AROUND DOWNTOWN 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 GEORGIA'S KIDS CHILD POLICY AND ADVOCACY, AND *BIG BROTHER, 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	THE CHNA REPORT WAS CONDUCTED WITH BOTH EGLESTON CHILDREN'S HOSPITAL AND 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	THE CHNA REPORT WAS WIDELY AVAILABLE TO THE PUBLIC ON THE HOSPITAL FACILITY'S WEBSITE <a href="https://www.choa.org/~media/files/Childrens/about-us/community-health-need-assessment-2016.pdf?la=en">https://www.choa.org/~media/files/Childrens/about-us/community-health-need-assessment-2016.pdf?la=en?</a> SCHEDULE H, PART V, SECTION B, LINE 10 THE IMPLEMENTATION STRATEGY IS INCLUDED IN THE CHNA REPORT ON THE HOSPITAL FACILITY'S WEBSITE <a href="https://www.choa.org/~media/files/Childrens/about-us/community-health-need-assessment-2016.pdf?la=en">https://www.choa.org/~media/files/Childrens/about-us/community-health-need-assessment-2016.pdf?la=en?</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	OUR IMPLEMENTATION STRATEGY UNIQUE AND DETAILED IMPLEMENTATION PLANS FOR EGLESTON AND SCOTTISH RITE HOSPITALS ARE INCLUDED IN THE CHNA REPORT LOCATED AT WWW CHOA ORG OR AT <a href="https://www.choa.org/~media/files/Childrens/about-us/community-health-needs-assessment-2016.pdf?la=en">https://www.choa.org/~media/files/Childrens/about-us/community-health-needs-assessment-2016.pdf?la=en</a> DUE TO THE LONG HISTORY OF CHILDREN'S 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 CHILDREN'S 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 CHILDREN'S COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY IS FOCUSED ON LEVERAGING EXISTING PROGRAMS, SERVICES AND RESOURCES, WHERE POSSIBLE, AND FOCUSES ON THE HEALTH NEED PRIORITIES OF CHILDREN AND ADOLESCENTS WHO RESIDE IN OUR 18-COUNTY, METROPOLITAN ATLANTA PRIMARY AND SECONDARY SERVICE AREA COMMUNITIES IN ADDITION TO LEVERAGING EXISTING PROGRAMS, OVER THE NEXT THREE YEARS, CHILDREN'S 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 HOMES" - 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16A-C	THE FAP WAS WIDELY AVAILABLE TO THE PUBLIC ON THE HOSPITAL FACILITY'S WEBSITE <a href="https://www.choa.org/~media/files/Childrens/patients/fap-plain-language-summary-2018.pdf?la=en">https://www.choa.org/~media/files/Childrens/patients/fap-plain-language-summary-2018.pdf?la=en</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20F	THE HOSPITAL FACILITY DID NOT ENGAGE IN ANY OF THE EFFORTS LISTED IN LINE 20 A THROUGH D SCHEDULE H, PART V, SECTION B, LINE 22B BASED ON INCOME AS ATTESTED TO BY FAMILY, PROVIDED FREE CARE UP TO 235% OF FEDERAL POVERTY GUIDELINE, "SLIDING SCALE" CARE UP TO 340% OF FEDERAL POVERTY GUIDELINE WITH MINIMUM WRITE OFF EQUIVALENT TO THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE PAYMENT RATES

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION D	NON-HOSPITAL HEATH CARE FACILITIES THE NON-HOSPITAL HEALTH CARE FACILITIES LISTED PROVIDE SERVICES TO PATIENTS ON AN OUTPATIENT BASIS THESE SERVICES VARY BY LOCATION AND FACILITY AND MAY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING URGENT CARE SERVICES, REHABILITATION, DIAGNOSTIC AND TREATMENT SERVICES, SURGICAL SERVICES, SPORTS MEDICINE AND ORTHOTICS AND PROSTHETICS SERVICES

**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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
501(r) AUDIT	IN 2018 THE INTERNAL REVENUE SERVICE RANDOMLY SELECTED EGLESTON CHILDRENS HOSPITAL AT EMORY UNIVERSITY AND SCOTTISH RITE CHILDRENS HOSPITAL (COLLECTIVELY, THE "HOSPITALS") TO EVALUATE COMPLIANCE WITH TREASURY REGULATIONS (501(R) CHILDRENS MAKES EVERY EFFORT TO LEARN ABOUT PROPOSED AND NEW REGULATIONS AND TO ADOPT THE NEW REQUIREMENTS AS SOON AS POSSIBLE BEFORE THE REQUIRED DUE DATES WHEN SUBMITTING ITS 2015 IRS FORM 990, CHILDRENS REVIEWED THE PROPOSED AND FINAL 501(R) REGULATIONS, AND MADE EVERY EFFORT TO COMPLY IT WAS ONLY DURING THE IRS EXAMINATION THAT CHILDRENS WAS MADE AWARE OF ITEMS NEEDING FURTHER CLARITY AND SOME MISSING ITEMS THE FINANCIAL ASSISTANCE POLICY AND THE PLAIN LANGUAGE SUMMARY AS POSTED ON THE HOSPITALS WEBSITE DID NOT INCLUDE SUFFICIENT DETAIL REGARDING THE SPECIFIC STEPS A PARENT NEEDS TO TAKE TO APPLY FOR CHILDREN'S FINANCIAL ASSISTANCE LINKS TO OUR FINANCIAL ASSISTANCE POLICY AND PLAIN LANGUAGE SUMMARY NEEDED TO BE UPDATED AS A RESULT OF WEB SITE DEVELOPMENT THE AUDITOR ALSO QUESTIONED WHETHER OUR LISTINGS OF PHYSICIANS PARTICIPATING AND NOT PARTICIPATING IN OUR FINANCIAL ASSISTANCE PROGRAM WERE COMPLETE UPON BRINGING ATTENTION TO THESE MATTERS, CHILDREN'S IMMEDIATELY REVIEWED THE FINDINGS AND MADE THE NECESSARY CHANGES WHERE APPROPRIATE THE AUDITOR WAS SUBSEQUENTLY PROVIDED WITH THE UPDATED DOCUMENTS AND LINKS AND INFORMED US THAT THE AUDIT WAS COMPLETE AND NO MORE ACTIONS WERE NEEDED BY CHILDREN'S

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 Drive 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 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 Hudson Bridge 1510 Hudson Bridge Road Stockbridge, GA 30281	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 Northpoint 3795 Mansell Road Alpharetta, GA 30022	Outpatient Services
<b>1</b> Primary Care Center of Chamblee 4166 Buford Highway Atlanta, GA 30345	Outpatient Services
<b>2</b> Day Rehabilitation Center 993-F Johnson Ferry Road NE Atlanta, GA 30342	Outpatient Services
<b>3</b> Children's at Hamilton Creek 2240 Hamilton Creek Parkway Dacula, GA 30019	Outpatient Services
<b>4</b> Children's at Duluth 2270 Duluth Highway 120 Duluth, GA 30097	Outpatient Services
<b>5</b> Children's at Snellville 2220 Wisteria Drive Snellville, GA 30078	Outpatient Services
<b>6</b> Children's at Executive Park 6 Executive Park Drive NE Atlanta, GA 30329	Outpatient Services
<b>7</b> Children's at Marietta 175 White Street Marietta, GA 30060	Outpatient Services
<b>8</b> Children's at Old Milton Parkway 3300 Old Milton Parkway Alpharetta, GA 30005	Outpatient Services
<b>9</b> Children's at Suwanee 3640 Burnette Road Suwanee, GA 30024	Outpatient Services
<b>10</b> Northside Professional Center 975 Johnson Ferry Road NE Atlanta, GA 30342	Outpatient Services
<b>11</b> Children's at Ivy Walk 1675 Cumberland Parkway Suite 105 Smyrna, GA 30080	Outpatient Services
<b>12</b> Children's at Cherokee 1554 Riverstone Parkway Canton, GA 30114	Outpatient Services
<b>13</b> CENTER FOR ADVANCED PEDIATRICS 1400 Tullie Road NE ATLANTA, GA 30329	OUTPATIENT SERVICES
<b>14</b> CHILDREN'S AT CHAMBLEE-BROOKHAVEN 5080 Peachtree Blvd Suite 100 BROOKHAVEN, GA 30341	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>31</b> CHILDREN'S AT EAST COBB 1255 Johnson Ferry Road Suite 2 MARIETTEA, GA 30068	OUTPATIENT SERVICES
<b>1</b> CHILDREN'S AT HAMILTON MILL 2108 Teron Trace Suite 200 DACULA, GA 30019	OUTPATIENT SERVICES
<b>2</b> CHILDREN'S AT MOUNT VERNON HIGHWAY 859 Mount Vernon Highway Suite 300 ATLANTA, GA 30328	OUTPATIENT SERVICES
<b>3</b> ATHENS-ST MARY'S 1230 Baxter St ATHENS, GA 30606	OUTPATIENT SERVICES
<b>4</b> ATHENS-HAWTHORNE AVENUE 1000 Hawthorne Ave Suite S ATHENS, GA 30606	OUTPATIENT SERVICES
<b>5</b> ATHENS-OGLETHORPE AVENUE 1500 Oglethorpe Ave ATHENS, GA 30606	OUTPATIENT SERVICES
<b>6</b> ATHENS-OCONEE CAMPUS 1181 Langford Drive BLDG 200 STE WATKINSVILLE, GA 30677	OUTPATIENT SERVICES
<b>7</b> BUFORD 2914 Vinson Court BUFORD, GA 30518	OUTPATIENT SERVICES
<b>8</b> COLUMBUS 705 17th St Suite 406 COLUMBUS, GA 31901	OUTPATIENT SERVICES
<b>9</b> MACON 4660 Riverside Park Blvd MACON, GA 31210	OUTPATIENT SERVICES
<b>10</b> NEWMAN 60 Oak Hill Blvd Suite 102 NEWMAN, GA 30265	OUTPATIENT SERVICES
<b>11</b> THOMASVILLE 915 Gordon Ave THOMASVILLE, GA 31792	OUTPATIENT SERVICES
<b>12</b> VILLA RICA 705 Dallas Highway Suite 301 VILLA RICA, GA 30180	OUTPATIENT SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF ATLANTA - HUGHES SPALDING 25 JESSEE HILL DR ATLANTA, GA 30303	26-2037695	501(C)(3)	1,809,666				SUPPORT FOR CAPITAL PURCHASES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIPS	7	8,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS NURSES CURRENTLY ENROLLED IN AN ACCREDITED NURSING PROGRAM AND WHO ARE SEEKING FINANCIAL ASSISTANCE MAY APPLY FOR THE JESSIE M CANDLISH SCHOLARSHIP TO QUALIFY, APPLICANTS MUST MEET THE FOLLOWING CRITERIA 1) MUST BE EMPLOYED BY CHILDREN'S BY MAY 31ST OF THE SCHOLARSHIP YEAR, 2) BE ENROLLED AS AN UNDERGRADUATE STUDENT IN AN ACCREDITED NURSING PROGRAM FOR AN RN DEGREE OR HIGHER, WITH A MINIMUM GPA OF 3.0, 3) UPHOLD THE MISSION AND VALUES OF CHILDREN'S, AND 4) IS NOT A PAST RECIPIENT OF THE CANDLISH SCHOLARSHIP THE DOLLAR AMOUNT AND NUMBER OF SCHOLARSHIPS AWARDED VARIES FROM YEAR TO YEAR, DEPENDING ON THE THREE YEAR AVERAGE GENERATED BY THE CANDLISH FUND PER THE MANAGEMENT AGREEMENT, HSOC, INC HAS OVERSIGHT OF ALL HUGHES SPALDING OPERATIONS, INCLUDING THE USE OF GRANT FUNDS THE AMOUNT OF FUNDS PROVIDED ANNUALLY TO HUGHES SPALDING FROM HSOC, INC IS GOVERNED BY AGREED UPON TERMS OF THE MANAGEMENT CONTRACT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		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	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<div><input checked="" type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax indemnification 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>			
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.	1b	Yes	
2	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?	2	Yes	
3	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><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input checked="" type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

See Additional Data Table**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION	EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC. HAVE THE OPTION TO PARTICIPATE IN THE 403(B) RETIREMENT PLAN OFFERED BY THE ORGANIZATION. CHILDREN'S PROVIDES AN ANNUAL DISCRETIONARY CONTRIBUTION IN A 401(A) RETIREMENT PLAN FOR EMPLOYEES WHO WORK AT LEAST 1,000 HOURS IN THE CALENDAR YEAR AND ARE EMPLOYED ON 12/31/2018. 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.

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. IN ADDITION, THE CHIEF INVESTMENT OFFICER IS ENTITLED TO TRAVEL FIRST CLASS OR BUSINESS CLASS DUE TO FREQUENT INTERNATIONAL TRAVEL. CHOA DOES NOT TREAT THE PAYMENTS FOR FIRST CLASS TRAVEL AS TAXABLE TO THE CEO GIVEN THE BUSINESS PURPOSE ASSOCIATED WITH SUCH FLIGHTS.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>IN 2012, THE COMPENSATION AND BENEFITS COMMITTEE ELECTED TO OFFER AN ADDITIONAL EXECUTIVE 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 2018: DONNA HYLAND - \$298,506; RUTH FOWLER - \$113,439; DAN SALINAS - \$93,748; PAT FRIAS - \$121,875; RONALD FRIESON - \$43,499; LINDA COLE - \$37,226; JILL STRICKLAND - \$28,469; LESLIE JONES - \$43,690; JIM FORTENBERRY - \$48,828. THE APPROVED PLAN CALLED FOR A FIVE YEAR VESTING PERIOD, AFTER WHICH PAYOUT TO PARTICIPANTS WOULD OCCUR AS OUTLINED IN THE PLAN DOCUMENTS.</p>



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.



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Daniel Salinas MD CMO & TRUSTEE-SYSTEM/HSOC	(i)	0	0	0	0	0	0	0
	(ii)	486,381	172,147	31,068	93,748	25,728	809,072	0
Ronald Frieson Indiv Trustee-HSOC & PRES FDN	(i)	0	0	0	0	0	0	0
	(ii)	424,620	125,135	30,269	43,499	17,486	641,009	0
Donna Hyland PRESIDENTCEO TRUSTEE - SYS/MAC/FDN/HSOC	(i)	0	0	0	0	0	0	0
	(ii)	1,092,730	446,564	51,938	298,506	19,950	1,909,688	0
Ruth Fowler CFO/TREASURER - SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	593,770	191,047	34,406	113,439	17,870	950,532	0
LESLIE JONES GEN COUNSEL, SECRETARY-SYS/MAC	(i)	0	0	0	0	0	0	0
	(ii)	414,627	114,542	17,121	43,690	37,726	627,706	0
Mary Beth Bova SVP OPS-ECH/IND TRUSTEE-HSOC	(i)	275,576	74,896	23,353	0	21,300	395,125	0
	(ii)	0	0	0	0	0	0	0
Jill Strickland SVP Physician Practices Ops	(i)	268,668	78,157	13,954	28,469	27,332	416,580	0
	(ii)	0	0	0	0	0	0	0
Jim Fortenberry MD INDIVIDUAL TRUSTEE - FDN	(i)							
	(ii)	315,521	99,105	17,826	48,828	20,674	501,954	
Stacey Deweese SVP Operations - SR	(i)	226,034	63,761	11,028	0	29,218	330,041	0
	(ii)	0	0	0	0	0	0	0
Pat Frias Individual Trustee - MAC	(i)	0	0	0	0	0	0	0
	(ii)	636,530	234,258	29,213	121,875	22,450	1,044,326	0
Tonja Bridges CAMPAIGN OPS DIRECTOR/SEC-FDN	(i)	117,556	0	6,577	0	28,626	152,759	0
	(ii)	0	0	0	0	0	0	0
Lucky Jain Ind Trustee-MAC/Exec Prac Dir	(i)	0	0	0	0	0	0	0
	(ii)	240,030	52,555	15,544	0	3,285	311,414	0
Lynn Perez Indi Trustee-MAC/VP Ops MAC	(i)	217,908	65,040	10,266	0	29,184	322,398	0
	(ii)	0	0	0	0	0	0	0
Michael Riley INDIV TRUSTEE-HSOC/VP FIN OPS	(i)	256,058	68,467	11,604	0	28,169	364,298	0
	(ii)	0	0	0	0	0	0	0
Linda Cole Chief Nursing/Hosp Ops Officer	(i)	0	0	0	0	0	0	0
	(ii)	366,711	104,007	14,274	37,226	19,211	541,429	0
Bill Mahle MD Individual Trustee-SYSTEM/FDN	(i)	0	0	0	0	0	0	0
	(ii)	513,875	147,000	-1,546	0	0	659,329	0
Andrew Reisner Neurosurgeon	(i)	824,110	81,073	48,220	0	32,743	986,146	0
	(ii)	0	0	0	0	0	0	0
William Boydston Prac Dir Neurosurgical Svcs	(i)	917,829	81,073	22,366	0	26,790	1,048,058	0
	(ii)	0	0	0	0	0	0	0
TIM SCHRADER MD INDIVIDUAL TRUSTEE - SYSTEM	(i)	646,429	0	43,531	0	28,126	718,086	0
	(ii)	0	0	0	0	0	0	0
DAVID WRUBEL NEUROSURGEON	(i)	800,790	81,073	16,978	0	27,766	926,607	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				
BARUNASHISH BRAHMA NEUROSURGEON	(i)	742,266	81,073	43,112	0	25,842	892,293	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SCHMITZ ORTHOPEDIC SURGEON	(i)	863,106	0	15,724	0	31,052	909,882	0
	(ii)	0	0	0	0	0	0	0
JULIA JONES FORMER KEY EMPLOYEE - HSOC	(i)	203,121	55,741	11,854	0	26,162	296,878	0
	(ii)	0	0	0	0	0	0	0
SCOTT HODOVAL FORMER KEY EMPLOYEE - FDN	(i)	199,245	52,242	17,282	0	27,823	296,592	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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

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) KATHERINE DIXON	SEE SCHEDULE L, PART V	109,659	EMPLOYEE COMPENSATION		No
(2) STAR OVERTON	SEE SCHEDULE L, PART V	21,000	EMPLOYEE COMPENSATION		No
(3) HANNAH CHANCY	SEE SCHEDULE L, PART V	60,800	EMPLOYEE COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN (B)	(1) KATHERINE DIXON - KATE WORKS AS AN RN IN CARDIAC AT EGGLESTON, SHE IS THE DAUGHTER OF BERNIE DIXON, WHO IS A TRUSTEE FOR CHOA, ECH, SR EAS, AND EPG (2) STAR OVERTON - STAR, AN EMPLOYEE WORKING FOR CHOA, IS THE WIFE OF CEDRIC MILLER, WHO IS A BOARD MEMBER OF CHOA (3) HANNAH CHANCY - HANNAH CHANCY WORKS AS A CLINICAL NURSE 2 IN PICU AT EGGLESTON, SHE IS THE DAUGHTER OF MARK CHANCY, WHO IS A TRUSTEE FOR FOUNDATION AND SYS

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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	62	1,846,885	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?

Yes

No

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 nonstandard contributions?

Yes

31

32a

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

No

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
SCHEDULE M, PART I, LINE 9, COLUMN (B)	THE AMOUNT OF 62 REPRESENTS THE NUMBER OF CONTRIBUTORS



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
 ▶ Attach to Form 990 or 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

CHILDREN'S HEALTHCARE OF ATLANTA GROUP RETURN

Employer identification number

90-0779996

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEERS CHILDREN'S RELIES ON VOLUNTEER SUPPORT TO RAISE FUNDS IN OUR COMMUNITY THROUGH ORGANIZING OR VOLUNTEERING AT EVENTS INDIVIDUALS AND CORPORATIONS WORK WITH CHILDREN'S TO HOST AND SUPPORT NUMEROUS COMMUNITY, SPORTS AND HOLIDAY EVENTS, ALL TO BENEFIT OUR NOT-FO R-PROFIT ORGANIZATION IN 2018, MORE THAN 10,638 VOLUNTEERS SUPPORTED CHILDREN'S IN THIS C APACITY VOLUNTEERS PLAY AN IMPORTANT ROLE IN CLINICAL SETTINGS WITHIN OUR NOT-FOR-PROFIT HEALTHCARE SYSTEM THE VOLUNTEERS IN THE CLINICAL SETTINGS ARE CALLED IN-SERVICE VOLUNTEER S THEY HELP BY BRINGING A SENSE OF ENTHUSIASM AND WARMTH THAT IS IMPORTANT TO OUR PATIENT S, THEIR FAMILIES AND OUR STAFF WITH THE GUIDANCE OF THE CHILDREN'S STAFF, CHILDREN'S VOL UNTEERS WORK A SET WEEKLY SCHEDULE WITHIN ONE OF THE FOLLOWING HOSPITAL AREAS DIRECT PATI ENT CARE, CUSTOMER SERVICE AND ADMINISTRATIVE SUPPORT HOSPITAL VOLUNTEERS CAN BE FOUND WO RKING ON ALL OF OUR HOSPITAL CAMPUSES AS WELL AS SEVERAL OF OUR NEIGHBORHOOD LOCATIONS AP PROXIMATELY 5,444 ACTIVE VOLUNTEERS ASSIST AT OUR MEDICAL FACILITIES VOLUNTEERS THAT WORK WITH THE FOUNDATION IN THE COMMUNITY ARE CALLED FRIENDS FOR MORE INFORMATION ON VOLUNTEE R OPPORTUNITIES IN FUNDRAISING AND OTHER SUPPORT TO OUR PATIENTS AND FAMILIES, PLEASE VISI T WWW.CHOA.ORG/VOLUNTEER FORM 990, PART V, LINE 2A NUMBER OF EMPLOYEES REPORTED ON FORM W -3 W-2'S FOR EMPLOYEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC - GROUP ARE ISSUED UNDER EING 58-2367819, THE PARENT RETURN FORM 990, PART VI, LINE 2 FAMILY RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES BERNIE MARCUS (TRUSTEE) AND FREDERICK MAR CUS (TRUSTEE) HAVE A FAMILY RELATIONSHIP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS CHILDREN'S HEALTHCARE OF ATLANTA, INC IS THE SOLE MEMBER OF ALL SUBSIDIARIES EXCEPT HSOC EGLESTON CHILDREN'S HOSPITAL IS THE SOLE CORPORATE MEMBER OF HSOC FORM 990, PART VI, LINE 7A POWER TO ELECT OR APPOINT MEMBERS THE BYLAWS OF EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC , SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC , EGLESTON AFFILIATED SERVICES, INC , and EGLESTON PEDIATRIC GROUP, INC , PROVIDE THAT ITS TRUSTEES SHALL BE THE PERSONS THEN SERVING AS THE TRUSTEES OF CHILDREN'S HEALTHCARE OF ATLANTA, INC THE BYLAWS OF MARCUS AUTISM CENTER AND CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC PROVIDE THAT THE TRUSTEES OF THESE ORGANIZATIONS ARE SUBJECT TO THE APPROVAL AND REMOVAL BY CHILDREN'S HEALTHCARE OF ATLANTA

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS CHILDREN'S HEALTHCARE OF ATLANTA, INC (CHOA ), A SECTION 501(C)(3) PUBLIC CHARITY, IS THE CORPORATE PARENT OF THE SUBORDINATES INCLUDE D IN THIS GROUP RETURN UNDER THE SUBORDINATES' BYLAWS, CERTAIN CORPORATE ACTIONS ARE SUBJ ECT TO DIRECT OR INDIRECT APPROVAL OF CHOA THESE ACTIONS INCLUDE APPOINTMENT OR REMOVAL OF DIRECTORS, ADOPTION OR AMENDMENT OF A STRATEGIC PLAN, ADOPTION AND/OR AMENDMENT OF THE ANNUAL BUDGET, APPROVAL OF MAJOR CAPITAL EXPENDITURES, APPROVAL OR AMEMDMENT OF MAJOR CONT RACTS, THE ADDITION OR DISCONTINUATION OF SIGNIFICANT HEALTHCARE SERVICES, INCURRENCE OF D EBT IN EXCESS OF \$1 MILLION, APPROVAL OF PURCHASES, LEASES OR DISPOSAL OF ASSETS IN EXCESS OF \$250,000, PARTICIPATION IN JOINT VENTURES OR OTHER STRATEGIC RELATIONSHIPS, CREATION O F NEW AFFILIATES, MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION OF THE ORGANIZATION, S IGNIFICANT DISPOSITION OF THE ORGANIZATION'S ASSETS, AND AMENDMENT OR RESTATEMENT OF THE O RGANIZATION'S GOVERNING DOCUMENTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 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
FORM 990, PART VI, LINE 12C	<p>MONITORING &amp; ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY CHILDREN'S BOARD OF TRUSTEES ADOPTED A CONFLICT OF INTEREST POLICY THAT APPLIES TO AN "INTERESTED PERSON" AN INTERESTED PERSON WOULD BE EVERY DIRECTOR, TRUSTEE, MEMBER OF A BOARD COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, OFFICERS OR "KEY MANAGEMENT EMPLOYEEA CHILDREN'S ORGANIZATION WHOM HAS A DIRECT OR INDIRECT FINANCIAL INTEREST A KEY MANAGEMENT EMPLOYEE WOULD BE THE CHIEF EXECUTIVE OFFICER OF A CHILDREN'S ORGANIZATION, ANY MANAGERS WHO REPORT DIRECTLY TO THE CHIEF EXECUTIVE OFFICER OR THE BOARD OF A CHILDREN'S ORGANIZATION, ANY EMPLOYEE OTHERWISE LISTED AS A CURRENT OR FORMER "KEY EMPLOYEE" IN THE MOST RECENTLY FILED IRS FORM 990 OF A CHILDREN'S ORGANIZATION, OR ANY OTHER PERSONNEL SO DESIGNATED BY THE CHIEF EXECUTIVE OFFICER IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS OR TRUSTEES AND MEMBERS OF THE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, SUCH INTERESTED PERSON SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UP ON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT EXISTS AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER A) THE TRANSACTION OR ARRANGEMENT IS IN THE CHILDREN'S ORGANIZATION BEST INTEREST, AND IS FAIR AND REASONABLE, OR B) WHETHER THE CHILDREN'S ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS AN EQUAL OR MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS OR TRUSTEES WHETHER A) TO ENTER INTO THE TRANSACTION OR ARRANGEMENT, B) TO ENTER INTO AN EQUAL OR MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, OR C) TAKE NO ACTION EACH INTERESTED PERSON OF A CHILDREN'S ORGANIZATION SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B) HAS READ AND UNDERSTANDS THE POLICY, AND C) HAS AGREED TO COMPLY WITH THE POLICY ANNUALLY, INTERESTED PERSONS WILL COMPLETE A QUESTIONNAIRE TO PROVIDE INFORMATION NEEDED IN CONNECTION WITH THE CHILDREN'S ORGANIZATIONS' FILING OF ITS IRS FORM 990 WITH THE INTERNAL REVENUE SERVICE RESULTS OF THE QUESTIONNAIRE ARE REVIEWED BY SENIOR LEADERSHIP</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>PROCESS FOR DETERMINING COMPENSATION CHILDREN'S BOARD OF TRUSTEES (BOARD) HAS ULTIMATE DECISION-MAKING OVER EXECUTIVE COMPENSATION, AND THE COMPENSATION AND BENEFITS COMMITTEE (COMMITTEE) IS RESPONSIBLE FOR PROGRAM OVERSIGHT AND ADMINISTRATION AND FOR MAKING RECOMMENDATIONS TO THE BOARD. THE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS AND CHARGED WITH EVALUATING THE TOTAL COMPENSATION PACKAGE OF SELECTED EMPLOYEES (CALLED "DISQUALIFIED PERSONS"), AND OTHER EXECUTIVES AND LEADERS. TO CARRY OUT THIS CHARGE, THE COMMITTEE ENGAGES AN INDEPENDENT THIRD PARTY EXECUTIVE COMPENSATION CONSULTING FIRM TO COMPLETE AN ANNUAL ASSESSMENT OF THE COMPETITIVENESS AND REASONABLENESS OF THE TOTAL COMPENSATION PACKAGE FOR "DISQUALIFIED PERSONS" AND OTHER EXECUTIVES AND LEADERS TO THE BOARD. USING MARKET DATA PROVIDED BY THE THIRD PARTY RELATED TO THE PAY, BENEFITS AND PERQUISITES PAID TO FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS COMPARABLE TO CHILDREN'S HEALTHCARE OF ATLANTA, THE COMMITTEE PROVIDES TOTAL COMPENSATION RECOMMENDATIONS. PAY RECOMMENDATIONS FOR "DISQUALIFIED PERSONS", AND OTHER EXECUTIVES AND LEADERS ARE MADE IN DECEMBER AND BOARD APPROVED CHANGES, IF ANY, ARE EFFECTIVE IN THE FIRST PAY PERIOD OF THE COMING YEAR. INCENTIVE PAYOUTS ARE APPROVED IN FEBRUARY, FOR THE PRIOR YEAR'S PERFORMANCE, AND ISSUED IN MARCH. 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
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS TO GENERAL PUBLIC THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE, CONSISTENT WITH IRS REQUIREMENTS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	DESCRIPTION OF PERSONS TITLES ABBREVIATION DEFINITIONS FDN - CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC MAC - MARCUS AUTISM CENTER, INC HSOC - HSOC, INC CHOA, EAS, EPG, ECH, SRCH ARE COLLECTIVELY REFERRED TO AS "SYSTEM"SYS" ON PART VII INDIVIDUALS WITH "SYSTEM"SYS" INDICATION SERVE OF THE BOARD OF THE FOLLOWING ENTITIES CHOA - CHILDREN'S HEALTHCARE OF ATLANTA, INC EAS - EGLESTON AFFILIATED SERVICES, INC EPG - EGLESTON PEDIATRIC GROUP, INC ECH - EGLESTON CHILDREN'S HOSPITAL AT EMORY UNIVERSITY, INC SRCH - SCOTTISH RITE CHILDREN'S MEDICAL CENTER, INC



**990 Schedule O, Supplemental Information**

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES TRANSFERS BETWEEN ENTITIES 32,803,474 OTHER R ECONCILING ITEMS (30,349,273) _____ TOTAL 2,454,201

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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 3375 NORTHEAST EXPRESSWAY  ATLANTA, GA 30341 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	
(1) MERIDIAN MARK LLC  3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 01-0723254	SURGERY CENTER	GA	SCOTTISH RITE	RELATED	9,799,985	13,249,280		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>	
<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 EGGLESTON TRUST	C	395,868	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

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 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 81-0582607	PHYS SERVICES	GA	1,231,544	0	EGLESTON PED
(1) CHILDREN'S ANESTHESIA SERVICES LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 20-0044124	PHYS SERVICES	GA	16,113,745	0	EGLESTON PED
(2) CHOA CENTER FOR PAIN RELIEF LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 32-0185406	PHYS SERVICES	GA	558,299	0	EGLESTON PED
(3) PED NEUROSURGERY ASSOC AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 26-0833842	PHYS SERVICES	GA	5,024,797	0	EGLESTON PED
(4) CHOA - MULTISPECIALTY LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 61-1665353	PHYS SERVICES	GA	31,691,746	0	EGLESTON PED
(5) CHOA - HOSPITAL BASED LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 80-0863895	PHYS SERVICES	GA	59,196,283	0	EGLESTON PED
(6) SPECIALTY PROVIDERS AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 61-1753346	PHYS SERVICES	GA	20,343,339	0	EGLESTON PED
(7) MED-SURGICAL PROVIDERS AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 30-0853755	PHYS SERVICES	GA	18,408,958	0	EGLESTON PED
(8) CARDIOTHORACIC PROVDRS AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 32-0456470	PHYS SERVICES	GA	5,604,619		EGLESTON PED
(9) PRIMARY CARE AT CHILDREN'S LLC 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 61-1752679	PHYS SERVICES	GA	2,051,441	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 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 58-2133795	HEALTHCARE SRVCS	GA	CHOA	C CORP	0	0	100 000 %	Yes	
(1) EMORY-EGLESTON CHILDREN'S HEART CENTER 2835 BRANDYWINE RD SUITE 300 ATLANTA, GA 30329 58-1871713	CARDIAC SERVICES	GA	CHOA	C CORP	0	0	100 000 %	Yes	
(2) THE CHILDREN'S CARE NETWORK 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341 47-1373158	PHYSICIAN SRVCS	GA	CHOA	C CORP	0	0	100 000 %	Yes	
(3) CHARITABLE REMAINDER TRUST - SUNTRUST 303 PEACHTREE ST ATLANTA, GA 30303	SPLIT INT TRUST	GA	NA	TRUST	26,059	934,993	100 000 %		No
(4) LAURIE DAVIS WEBSTER TRUST 303 PEACHTREE ST ATLANTA, GA 30303 58-6026013	CHARITABLE TRUST	GA	CHOA	TRUST	2,420	89,041	100 000 %	Yes	
(5) WE CHAPLIN TRUST 303 PEACHTREE ST ATLANTA, GA 30303 58-6026010	CHARITABLE TRUST	GA	CHOA	TRUST	311	11,505	100 000 %	Yes	
(6) THOMAS EGGLESTON TRUST 303 PEACHTREE ST ATLANTA, GA 30303 58-6026009	CHARITABLE TRUST	GA	CHOA	TRUST	395,868	20,981,323	100 000 %	Yes	
(7) CHARITABLE REMAINDER TRUST - WELLS FARGO 3375 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	SPLIT INT TR	NC	NA	TRUST			100 000 %	Yes	
(8) NEAL ALLEN CHARITABLE REMAINDER UNITRUST 303 PEACHTREE ST ATLANTA, GA 30303	CHARITABLE TRUST	GA	N/A		21,543	777,753	100 000 %	Yes	
(9) TYCHO HOWLE CHARITABLE REMAINDER UNITRUS 303 PEACHTREE ST ATLANTA, GA 30303	CHARITABLE TRUST	GA	N/A		9,683	365,710	100 000 %	Yes	