



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
Application for Recognition of Exemption	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: ATRIUM HEALTH FOUNDATION
D Employer identification number: 56-6060481
E Telephone number: 704-355-4048
G Gross receipts \$: 471,360,253.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.ATRIUMHEALTHFOUNDATION.ORG
K Form of organization:
L Year of formation: 1959
M State of legal domicile: NC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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 ELECTA E. MCPHERSON, SVP OPERATIONS & CFO, Date 11/12/2025
Paid: Preparer's name MICHELE MELCHIOR, Date 11/12/2025, PTIN P00488037
Preparer Use Only: Firm's name GRANT THORNTON ADVISORS LLC, Firm's EIN 99-1856619, Firm's address 1415 VANTAGE PARK DRIVE, SUITE 500, CHARLOTTE, NC 28203, Phone no. 704-632-3500

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IN SUPPORT OF ATRIUM HEALTH, WE:

INSPIRE TRANSFORMATIONAL GIVING TO IMPROVE HEALTH, ELEVATE HOPE, AND ADVANCE HEALING - FOR ALL.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,000,000. including grants of \$ 10,000,000.) (Revenue \$) SUPPORT FOR MEDICAL EDUCATION PROGRAMS: PROVIDED OPERATIONAL FUNDING FOR A VARIETY OF MEDICAL EDUCATION PROGRAMS CONDUCTED BY AH HOSPITALS TO BROADEN MEDICAL KNOWLEDGE, TRAINED HUNDREDS OF NEW MEDICAL PROFESSIONALS, AND ENHANCED MEDICAL CARE FOR THOUSANDS OF PATIENTS IN THE CAROLINAS.

4b (Code:) (Expenses \$ 10,561,479. including grants of \$ 10,561,479.) (Revenue \$) SUPPORT FOR COMMUNITY HEALTH EDUCATION & AWARENESS PROGRAMS

4c (Code:) (Expenses \$ 7,234,938. including grants of \$ 7,234,938.) (Revenue \$) SUPPORT FOR CHILDREN'S PROGRAMS & SERVICES: PROVIDED SIGNIFICANT SUPPORT FOR MEDICAL EQUIPMENT & PROGRAMMING IN NEWBORN & PEDIATRIC UNITS THROUGHOUT AH HOSPITALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,995,387. including grants of \$ 14,995,387.) (Revenue \$)

4e Total program service expenses 42,791,804.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARMANDO L. CHARDIET PRESIDENT	50.00			X				0.	1,475,348.	135,166.
(2) ELECTA E. MCPHERSON SVP OPERATIONS & CFO	50.00			X				0.	416,376.	67,784.
(3) KIRSTIN E. ASHFORD VP, CHIEF OF STAFF	50.00			X				0.	254,670.	41,652.
(4) MARK L. GRIFFITH VP, DEVELOPMENT	50.00				X			0.	247,219.	44,456.
(5) KATHERINE SCHMITT AVP, FINANCE	40.00					X		0.	177,802.	23,280.
(6) RACHEL ELLIS AVP, CORP & FDN RELATIONS/GRANTS	40.00					X		0.	178,522.	13,486.
(7) RYAN MARSHALL AVP, DEVELOPMENT	40.00					X		0.	158,527.	27,354.
(8) KATHLEEN LEFEVER AVP, STRAT RELATIONS & COM	40.00					X		0.	159,822.	21,349.
(9) KELLIE MCGREGOR AVP, MAJOR GIFTS	40.00					X		0.	157,215.	21,668.
(10) MANDY S. HOUSER CHAIR	1.00	X		X				0.	0.	0.
(11) LUTHER A. LOCKWOOD, II VICE CHAIR	1.00	X		X				0.	0.	0.
(12) DAVID SECREST SECRETARY/DIRECTOR	1.00	X		X				0.	0.	0.
(13) TODD COLLINS DIRECTOR	1.00	X						0.	0.	0.
(14) HOWARD BISSELL, III DIRECTOR	1.00	X						0.	0.	0.
(15) HUGH CUMMINS, III DIRECTOR	1.00	X						0.	0.	0.
(16) MAY BEVERLY HEMBY DIRECTOR	1.00	X						0.	0.	0.
(17) GREG JOHNSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY OLSEN DIRECTOR	1.00	X						0.	0.	0.
(19) MANUEL REY DIRECTOR	1.00	X						0.	0.	0.
(20) MIKE RUCKER DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL SALVINO DIRECTOR	1.00	X						0.	0.	0.
(22) BEVERLY LADLEY DIRECTOR	1.00	X						0.	0.	0.
(23) DOUG LEBDA DIRECTOR	1.00	X						0.	0.	0.
(24) NICOLE TEPPER DIRECTOR	1.00	X						0.	0.	0.
(25) DAVID SHEFFER DIRECTOR	1.00	X						0.	0.	0.
(26) GRACE NYSTRUM DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								0.	3,225,501.	396,195.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	3,225,501.	396,195.

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 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TCG EVENTS, INC P.O. BOX 32751, CHARLOTTE, NC 28232	EVENT PLANNING	1,121,403.
BARRY BAKER DESIGN, 1041 CHARTER PLACE, CHARLOTTE, NC 28211-5658	COMMERCIAL ART & GRAPHIC DESIGN	177,118.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,452,020.				
	d Related organizations	1d	8,044,861.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	52,765,649.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 418,403.				
	h Total. Add lines 1a-1f		63,262,530.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,242,716.			3,242,716.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,583,927.			
			(ii) Personal				
				485,480.			
	b Less: rental expenses ...	6b		1,098,447.			
	c Rental income or (loss)	6c					
	d Net rental income or (loss)			1,098,447.		1,098,447.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	402,769,172.			
			(ii) Other				
				318,956,402.			
	b Less: cost or other basis and sales expenses	7b		83,812,770.			
	c Gain or (loss)	7c					
	d Net gain or (loss)			83,812,770.		83,812,770.	
8 a Gross income from fundraising events (not including \$ 2,452,020. of contributions reported on line 1c). See Part IV, line 18	8a		501,908.				
			1,808,561.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-1,306,653.		-1,306,653.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			150,109,810.	0.	0.	86,847,280.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,790,504.	42,790,504.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,300.	1,300.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,575.		15,575.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	502,671.		502,671.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,965,022.		1,051,662.	5,913,360.
12 Advertising and promotion	463,704.		2,619.	461,085.
13 Office expenses	260,514.		44,410.	216,104.
14 Information technology	91,603.		787.	90,816.
15 Royalties				
16 Occupancy	82,859.		13,680.	69,179.
17 Travel	46,809.		597.	46,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,067.		257.	8,810.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,895.		110,895.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ORG. DUES & MEMBERSHIPS	261,409.			261,409.
b BOOKS & SUBSCRIPTIONS	13,000.		3,985.	9,015.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	51,614,932.	42,791,804.	1,747,138.	7,075,990.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	1.
	2 Savings and temporary cash investments	5,995,303.	2	9,617,487.
	3 Pledges and grants receivable, net	95,728,041.	3	86,365,215.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	477,005.	9	508,080.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,509,173.		
	b Less: accumulated depreciation	10b 6,461,758.	3,740,842.	10c 7,047,415.
	11 Investments - publicly traded securities	379,585,277.	11	447,291,236.
	12 Investments - other securities. See Part IV, line 11	16,204,926.	12	
	13 Investments - program-related. See Part IV, line 11	5,509,021.	13	5,509,021.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	788,786.	15	408,185.
16 Total assets. Add lines 1 through 15 (must equal line 33)	508,029,201.	16	556,746,640.	
Liabilities	17 Accounts payable and accrued expenses	3,932,029.	17	4,075,746.
	18 Grants payable		18	
	19 Deferred revenue	902,936.	19	860,545.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,256,360.	25	2,376,320.
	26 Total liabilities. Add lines 17 through 25	7,091,325.	26	7,312,611.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,380,434.	27	16,777,885.
	28 Net assets with donor restrictions	488,557,442.	28	532,656,144.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	500,937,876.	32	549,434,029.
33 Total liabilities and net assets/fund balances	508,029,201.	33	556,746,640.	

Form 990 (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,109,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,614,932.
3	Revenue less expenses. Subtract line 2 from line 1	3	98,494,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	500,937,876.
5	Net unrealized gains (losses) on investments	5	-46,763,725.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,235,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	549,434,029.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (ATRIUM HEALTH FOUNDATION) and Employer identification number (56-6060481)

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.)

- 1-12. List of reasons for public charity status with checkboxes. Option 7 is checked.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,517,447.	84,202,490.	64,521,512.	57,354,155.	63,262,530.	307,858,134.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	38,517,447.	84,202,490.	64,521,512.	57,354,155.	63,262,530.	307,858,134.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						91,154,831.
6 Public support. Subtract line 5 from line 4.						216,703,303.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	38,517,447.	84,202,490.	64,521,512.	57,354,155.	63,262,530.	307,858,134.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,302,576.	5,805,521.	6,887,893.	9,874,210.	4,826,643.	31,696,843.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,854.	87,484.				112,338.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						339,667,315.
12 Gross receipts from related activities, etc. (see instructions)					12	2,555,014.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	63.80	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	63.30	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,445,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 8,044,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,601,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 8,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 7,293,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 2,098,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	1,019 SHARES OF EXXON MOBIL CORP _____ _____ _____	\$ 98,265.	01/22/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ATRIUM HEALTH FOUNDATION

Employer identification number

56-6060481

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,840,545.	68,252,931.	69,447,236.	56,941,708.	48,039,776.
b Contributions	8,689,153.	12,546,909.	9,110,644.	5,550,417.	2,819,330.
c Net investment earnings, gains, and losses	7,819,783.	8,197,528.	-9,310,518.	7,953,132.	6,878,870.
d Grants or scholarships	1,428,162.	1,156,823.	994,431.	998,021.	796,268.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	102,921,321.	87,840,545.	68,252,931.	69,447,236.	56,941,708.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,492,592.			6,492,592.
b Buildings	6,260,965.		6,149,965.	111,000.
c Leasehold improvements				
d Equipment		304,821.	294,734.	10,087.
e Other	450,795.		17,059.	433,736.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,047,415.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REVOCABLE FUNDS MANAGED FOR OTHERS	2,376,320.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,376,320.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

PART V, LINE 4:

ANNUAL INCOME FROM THE FOUNDATION'S ENDOWED FUNDS BENEFITS A GREAT VARIETY OF PROGRAMS AND FACILITIES AT ATRIUM HEALTH IN THE GREATER CHARLOTTE REGION, CONSISTENT WITH THE WISHES AND DESIGNATIONS OF THE DONORS WHO CREATED THE VARIOUS ENDOWMENTS.

PART X, LINE 2:

THE ENTERPRISE AND ITS SUBSIDIARIES HAVE EVALUATED UNCERTAIN TAX POSITIONS FOR THE FISCAL YEAR ENDED DECEMBER 31, 2024, INCLUDING A QUANTIFICATION OF TAX RISKS IN AREAS SUCH AS UNRELATED BUSINESS INCOME AND TAXATION OF ITS FOR-PROFIT SUBSIDIARIES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE ENTERPRISE'S COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2024.

PART X, LINE 2:

THE FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS, OF WHICH ATRIUM HEALTH FOUNDATION IS A SUBSIDIARY, IS AS FOLLOWS: ATRIUM HEALTH INC., ATRIUM HEALTH NAVICENT, ATRIUM HEALTH FLOYD, NCBF, WFUHS, AND VARIOUS AFFILIATES ARE TAX EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501C(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. AS A NORTH CAROLINA HOSPITAL AUTHORITY, ATRIUM HEALTH CMHA IS ALSO EXEMPT FROM STATE AND FEDERAL TAXES.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE COMBINED

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS. IF APPLICABLE, UNRELATED BUSINESS INCOME IS
REPORTED BY ALL MEMBER AND SUBSIDIARY ORGANIZATIONS ON IRS FORM 990T.
FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2020 REMAIN SUBJECT TO
EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

Multiple horizontal lines for supplemental information.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information input.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LEVINE CHILDREN'S GALA	HOSPICE GOLF TOURNAMENT	10		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,208,118.	146,056.	599,754.	2,953,928.
	2	Less: Contributions	1,899,144.	120,276.	432,600.	2,452,020.
	3	Gross income (line 1 minus line 2)	308,974.	25,780.	167,154.	501,908.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		12,244.	6,132.	18,376.
	6	Rent/facility costs	112,366.	1,875.	23,877.	138,118.
	7	Food and beverages	163,175.	24,264.	18,892.	206,331.
	8	Entertainment	241,387.		1,850.	243,237.
	9	Other direct expenses	1,013,047.	13,658.	175,794.	1,202,499.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,808,561.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,306,653.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **ATRIUM HEALTH FOUNDATION** Employer identification number **56-6060481**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	376,189.	0.			BEHAVIORAL HEALTH PROGRAMS & PSYCHIATRY RESIDENCY EDUCATION
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	4,853,543.	0.			CANCER PROGRAMS & RESEARCH
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	316,012.	0.			CAROLINAS NEUROMUSCULAR/ALS CENTER
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	670,674.	0.			CAROLINAS REHABILITATION OUTREACH PROGRAMS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	6,466,826.	0.			CHILDREN'S & NEWBORN PROGRAMS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	131,615.	0.			CMC - MERCY FACILITIES & PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **24.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	9,466,983.	0.			COMMUNITY HEALTH EDUCATION & AWARENESS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	345,536.	0.			EMERGENCY MEDICINE & TRAUMA PROGRAMS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	646,335.	0.			GENERAL & MINIMALLY INVASIVE SURGERY PROGRAMS & RESEARCH
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	614,984.	0.			LONG-TERM CARE & HOSPICE
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	10,000,000.	0.			MEDICAL EDUCATION PROGRAMS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	896,496.	0.			MEDICAL, NURSING & ALLIED HEALTH EDUCATION PROGRAMS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	928,733.	0.			MUSCULAR DYSTROPHY RESEARCH PROGRAMS
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	369,584.	0.			NEURO PROGRAMS, RESEARCH & EDUCATION
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	308,158.	0.			ORTHOPAEDIC RESEARCH & EDUCATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH - P.O. BOX 32861 - CHARLOTTE, NC 28232	56-0529945	115(2)	2,328,552.	0.			SANGER HEART & VASCULAR INSTITUTE
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD CHARLOTTE, NC 28217	20-0258541	501(C)(3)	633,600.	0.			SUPPORT FOR COMMUNITY AND OUTREACH PROGRAMS
24 FOUNDATION 201 N MCDOWELL ST, SUITE 31007 CHARLOTTE, NC 28202	20-3768277	501(C)(3)	102,500.	0.			SUPPORT FOR CANCER-RELATED FUNDRAISING ACTIVITIES
SWIM ACROSS AMERICA, INC. 11600 N. COMMUNITY HOUSE ROAD SUITE CHARLOTTE, NC 28277	22-3248256	501(C)(3)	25,000.	0.			SUPPORT FOR CANCER-RELATED RESEARCH, PROGRAMS & SERVICES
CARE RING, INC. 1514 N GRAHAM ST CHARLOTTE, NC 28206	56-0621073	501(C)(3)	222,897.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS
MAXIM HEALTHCARE SERVICES 7227 LEE DEFOREST DR COLUMBIA, MD 21046	52-1590951	N/A	138,838.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS
PUT ON THE BRAKES, INC 7148 WEDDINGTON ROAD, NW STE 150 CONCORD, NC 28027	26-2176362	501(C)(3)	10,000.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS
BAYADA HOME HEALTH CARE P.O. BOX 536446 PITTSBURGH, PA 15253	23-1943113	501(C)(3)	254,658.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS
EMBRACE ALL LATINO VOICES 3719 LATROBE DRIVE OFFICE 830 CHARLOTTE, NC 28211	38-4281347	501(C)(3)	10,000.	0.			SUPPORT FOR COMMUNITY PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD., SUITE 100 CHARLOTTE, NC 28209	13-1930701	501(C)(3)	14,000.	0.			SUPPORT FOR CYSTIC FIBROSIS FUNDRAISING ACTIVITIES
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	51-0190238	501(C)(3)	124,500.	0.			SUPPORT FOR MEDICAL RELATED PROGRAMS AND EQUIPMENT
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	1,918,981.	0.			SUPPORT FOR MEDICAL RELATED RESEARCH
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVE CHARLOTTE, NC 28215	36-4522499	501(C)(3)	12,500.	0.			SUPPORT FOR COMMUNITY PROGRAMS
ISABELLA SANTOS FOUNDATION 9935-D REA ROAD UNIT 275 CHARLOTTE, NC 28277	26-1332748	501(C)(3)	10,000.	0.			SUPPORT FOR PEDIATRIC CANCER-RELATED FUNDRAISING ACTIVITIES
MARTIN TRUEX, JR. FOUNDATION 156 CAYUGA DR. MOORESVILLE, NC 28117	26-0654126	501(C)(3)	12,000.	0.			SUPPORT FOR PEDIATRIC CANCER-RELATED FUNDRAISING ACTIVITIES
WORLD AFFAIRS COUNCIL OF CHARLOTTE 9201 UNIVERSITY CITY BLVD CHHS 227 CHARLOTTE, NC 28223	58-1606811	501(C)(3)	6,000.	0.			SUPPORT FOR EDUCATION RELATED PROGRAMS
HENDRICK FAMILY FOUNDATION 4400 PAPA JOE HENDRICK BLVD CHARLOTTE, NC 28262	36-4837270	501(C)(3)	14,500.	0.			SUPPORT FOR PEDIATRIC HEALTH FUNDRAISING PROGRAMS
RECEPTIONS FOR RESEARCH: THE GREG OLSEN FOUNDATION - 200 EAST LAS OLAS BLVD, STE 1550 - FORT LAUDERDALE, FL 33301	27-0843891	501(C)(3)	21,000.	0.			SUPPORT FOR PEDIATRIC HEART FUNDRAISING PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEINEMAN MEDICAL OUTREACH P.O. BOX 35457 CHARLOTTE, NC 28235	56-6023076	501(C)(3)	168,000.	0.			SUPPORT FOR MEDICAL OUTREACH PROGRAMS
MECKED 330 CAMP ROAD #B-74 CHARLOTTE, NC 28206	56-1752043	501(C)(3)	20,000.	0.			SUPPORT FOR MEDICAL OUTREACH PROGRAMS
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	56-1523878	501(C)(3)	10,000.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS
FOR THE STRUGGLE 1420 BEATTIES FORD ROAD CHARLOTTE, NC 28216	83-4652690	501(C)(3)	10,000.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS
MINT MUSEUM 500 SOUTH TRYON STREET CHARLOTTE, NC 28202	56-0670666	501(C)(3)	10,000.	0.			SUPPORT FOR COMMUNITY PROGRAMS
BEADS OF COURAGE 3301 N 1ST AVE TUCSON, AZ 85719	20-2721500	501(C)(3)	9,000.	0.			SUPPORT FOR PEDIATRIC PROGRAMS
GREATER ENRICHMENT P.O. BOX 16188 CHARLOTTE, NC 28297	56-1139792	501(C)(3)	5,049.	0.			SUPPORT FOR COMMUNITY OUTREACH PROGRAMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ALL GRANT DISBURSEMENTS MADE BY THE FOUNDATION MUST BE ACCOMPANIED BY A WRITTEN GRANT REQUEST FROM THE GRANTEE WHICH IS APPROVED FOR PAYMENT BY THE FOUNDATION'S SENIOR EXECUTIVE STAFF. THE GRANT REQUESTS CONTAIN A DESCRIPTION OF THE INTENDED PURPOSE FOR THE GRANT AND THE INTENDED GRANT RECIPIENT. THESE GRANT REQUESTS ARE REVIEWED PRIOR TO APPROVAL BY THE SENIOR VICE PRESIDENT TO ENSURE THAT SUPPORTED ACTIVITIES AND GRANT RECIPIENTS ARE CONSISTENT WITH THE FOUNDATION'S CHARITABLE PURPOSE AS STATED IN ITS ARTICLES OF INCORPORATION AND IN ITS FEDERAL TAX-EXEMPTION APPLICATION.

ALL SUBSTANTIAL GRANTS FUNDED BY THE FOUNDATION ARE PERIODICALLY REVIEWED WITH THE GRANT RECIPIENTS EITHER VERBALLY OR IN WRITING TO ENSURE THAT GRANT FUNDS HAVE BEEN EXPENDED IN A MANNER THAT IS CONSISTENT WITH THE ORIGINAL APPROVED GRANT REQUEST.

IN ADDITION TO THE ABOVE PROCEDURES AND CONTROLS, IT IS IMPORTANT TO NOTE THAT A SUBSTANTIAL MAJORITY OF THE FOUNDATION'S GRANTS ARE MADE TO THE

Part IV Supplemental Information

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY DBA ATRIUM HEALTH, A TAX-EXEMPT
POLITICAL SUBDIVISION OF THE STATE OF NORTH CAROLINA.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ATRIUM HEALTH FOUNDATION

Employer identification number

56-6060481

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ARMANDO L. CHARDIET PRESIDENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	830,408.	498,987.	145,953.	96,354.	38,812.	1,610,514.
(2) ELECTA E. MCPHERSON SVP OPERATIONS & CFO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	299,128.	114,427.	2,821.	29,668.	38,116.	484,160.
(3) KIRSTIN E. ASHFORD VP, CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.
	(ii)	194,070.	58,545.	2,055.	20,823.	20,829.	296,322.
(4) MARK L. GRIFFITH VP, DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	193,093.	53,505.	621.	17,523.	26,933.	291,675.
(5) KATHERINE SCHMITT AVP, FINANCE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	142,874.	31,663.	3,265.	11,896.	11,384.	201,082.
(6) RACHEL ELLIS AVP, CORP & FDN RELATIONS/GRANTS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	142,356.	35,892.	274.	11,933.	1,553.	192,008.
(7) RYAN MARSHALL AVP, DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	122,692.	35,593.	242.	11,439.	15,915.	185,881.
(8) KATHLEEN LEFEVER AVP, STRAT RELATIONS & COM	(i)	0.	0.	0.	0.	0.	0.
	(ii)	122,556.	22,439.	14,827.	12,051.	9,298.	181,171.
(9) KELLIE MCGREGOR AVP, MAJOR GIFTS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	122,150.	34,530.	535.	11,891.	9,777.	178,883.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 3:

A RELATED ORGANIZATION (ADVOCATE HEALTH) EMPLOYS A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE FOUNDATION PRESIDENT, SENIOR VICE PRESIDENTS, AND VICE PRESIDENT.

PART I, LINE 4B

ARMANDO CHARDIET PARTICIPATED IN A NONQUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO THE COMPENSATION POLICIES OF A RELATED ORGANIZATION (ATRIUM HEALTH). IN 2024, A DEFERRED CONTRIBUTION IN THE AMOUNT OF \$72,204 WAS MADE ON BEHALF OF ARMANDO CHARDIET. ADDITIONALLY, ARMANDO CHARDIET RECEIVED A TAXABLE DISTRIBUTION IN THE AMOUNT OF \$52,960 THAT WAS DEFERRED ON A PREVIOUSLY FILED FORM 990.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **ATRIUM HEALTH FOUNDATION**
Employer identification number: **56-6060481**

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	16	169,389.	AVERAGE FMV
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 (DONATED AUCTION)	X	288	249,014.	FMV
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, LINE 32B:

PUBLICLY TRADED SECURITIES CONTRIBUTIONS ARE SOLD IMMEDIATELY UPON RECEIPT THROUGH THE FOUNDATION'S BROKERAGE ACCOUNT AT WELLS FARGO ADVISORS.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBERS OF CONTRIBUTIONS ON SCHEDULE M, PART I, COLUMN (B).

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 SUPPORT FOR MEDICAL, NURSING & ALLIED HEALTH EDUCATION: PROVIDED
 OPERATING & STUDENT SCHOLARSHIP SUPPORT FOR AH'S NURSING & ALLIED
 HEALTH EDUCATIONAL PROGRAMS THAT GRADUATE HUNDREDS OF PROFESSIONALS
 ANNUALLY TO SERVE AREA HOSPITALS AND OTHER HEALTHCARE FACILITIES.
 EXPENSES \$ 1,811,298. INCLUDING GRANTS OF \$ 1,811,298. REVENUE \$ 0.

SUPPORT FOR PHYSICAL MEDICINE AND REHABILITATION: FUNDING FOR NEW
 INFRASTRUCTURE, PROGRAMS, EDUCATION, ADVANCED TECHNOLOGY AND EQUIPMENT
 FOR THE REHABILITATION OF DISABLED PATIENTS
 EXPENSES \$ 670,674. INCLUDING GRANTS OF \$ 670,674. REVENUE \$ 0.

SUPPORT FOR MUSCULAR DYSTROPHY RESEARCH PROGRAMS
 EXPENSES \$ 928,733. INCLUDING GRANTS OF \$ 928,733. REVENUE \$ 0.

SUPPORT FOR CAROLINAS NEUROMUSCULAR/ALS CENTER
 EXPENSES \$ 321,012. INCLUDING GRANTS OF \$ 321,012. REVENUE \$ 0.

SUPPORT FOR EMERGENCY MEDICINE & TRAUMA PROGRAMS
 EXPENSES \$ 378,691. INCLUDING GRANTS OF \$ 378,691. REVENUE \$ 0.

SUPPORT FOR AH GENERAL AND MINIMALLY INVASIVE SURGERY PROGRAMS
 EXPENSES \$ 682,296. INCLUDING GRANTS OF \$ 682,296. REVENUE \$ 0.

SUPPORT FOR SANGER HEART & VASCULAR INSTITUTE FACILITIES & RELATED
 PROGRAMS
 EXPENSES \$ 2,751,840. INCLUDING GRANTS OF \$ 2,751,840. REVENUE \$ 0.

SUPPORT FOR AH ORTHOPAEDIC RESEARCH
 EXPENSES \$ 308,158. INCLUDING GRANTS OF \$ 308,158. REVENUE \$ 0.

SUPPORT FOR AH NEUROSCIENCE RESEARCH/EDUCATION
 EXPENSES \$ 369,584. INCLUDING GRANTS OF \$ 369,584. REVENUE \$ 0.

SUPPORT FOR CMC-MERCY FACILITIES AND PROGRAMS
 EXPENSES \$ 131,615. INCLUDING GRANTS OF \$ 131,615. REVENUE \$ 0.

SUPPORT FOR AH BEHAVIORAL HEALTH PROGRAMS & EDUCATION
 EXPENSES \$ 792,575. INCLUDING GRANTS OF \$ 792,575. REVENUE \$ 0.

SUPPORT FOR AH LONG-TERM CARE & HOSPICE PROGRAMS
 EXPENSES \$ 614,984. INCLUDING GRANTS OF \$ 614,984. REVENUE \$ 0.

SUPPORT FOR CANCER PROGRAMS & RESEARCH: PROVIDE SUBSTANTIAL OPERATIONAL
 FUNDING FOR A VARIETY OF CANCER PROGRAMS AND RESEARCH INITIATIVES
 CONDUCTED BY AH HOSPITALS.
 EXPENSES \$ 5,227,927. INCLUDING GRANTS OF \$ 5,227,927. REVENUE \$ 0.

SUPPORT FOR REGIONAL HOSPITALS AND PROGRAMS
 EXPENSES \$ 6,000. INCLUDING GRANTS OF \$ 6,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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NEW MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS ARE NOMINATED BY THE EXISTING BOARD AND THEN, IF APPROVED, ARE ELECTED BY THE BOARD OF COMMISSIONERS OF THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (DBA ATRIUM HEALTH).

FORM 990, PART VI, SECTION A, LINE 7B:

NEW MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS ARE NOMINATED BY THE EXISTING BOARD AND THEN, IF APPROVED, ARE ELECTED BY THE BOARD OF COMMISSIONERS OF THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (DBA ATRIUM HEALTH).

THE FOUNDATION'S BYLAWS PROVIDE THE FOLLOWING RESERVED POWERS AND SPECIFIC RIGHTS OF THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY: IN ADDITION TO ANY OTHER POWERS AND RIGHTS RESERVED TO THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY BY THE CORPORATION'S ARTICLES OF INCORPORATION, BY THESE BYLAWS OR BY LAW, THE FOLLOWING FUNDAMENTAL ACTIONS OF THE CORPORATION REQUIRE THE ACTION, CONSENT OR PRIOR WRITTEN APPROVAL OF THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY: (A) AMENDMENT OR REPEAL OF THE CORPORATION'S BYLAWS OR ARTICLES OF INCORPORATION; (B) TRANSFER OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; AND (C) MERGER OR DISSOLUTION OF THE CORPORATION. THE RESERVED POWERS AND SPECIFIC RIGHTS OF THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY SHALL BE TAKEN BY THE AUTHORITY CEO OR BY SUCH OTHER PERSONS AS MAY FROM TIME TO TIME BE DULY AUTHORIZED BY THE AUTHORITY CEO TO TAKE SUCH ACTIONS. ACTION BY THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY MAY BE TAKEN IN ANY LAWFUL MANNER AND SHALL BE COMMUNICATED TO THE CORPORATION BY ANY USUAL MEANS OF COMMUNICATION, INCLUDING BUT NOT LIMITED TO ELECTRONIC MEANS OF COMMUNICATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE FOUNDATION'S ASSISTANT VP OF FINANCE WITH THE ASSISTANCE AND REVIEW BY THE SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND THEN PRIOR TO DISTRIBUTION TO THE BOARD IS REVIEWED IN DETAIL BY AN INDEPENDENT CPA FIRM. A COPY OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

990 PART V, LINE 15

THE ORGANIZATION IS SUBJECT TO SECTION 4960 AND HAS RESPONDED "YES" TO PART V, LINE 15. HOWEVER, THE FORM 4720 WILL BE FILED BY A RELATED ORGANIZATION WHO IS THE EMPLOYER OF RECORD, THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (EIN: 56-0529945).

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION CIRCULATES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL BOARD MEMBERS ANNUALLY. RESPONSES ARE FULLY REVIEWED BY FOUNDATION OFFICERS AND ANY POTENTIAL CONFLICTS IDENTIFIED ARE REVIEWED WITH THE BOARD CHAIR FOR APPROPRIATE ACTION. FOUNDATION EXECUTIVE STAFF OFFICERS, WHO ARE EMPLOYEES OF ATRIUM HEALTH, COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM WHICH IS REVIEWED AND ACTED UPON AS NECESSARY BY THE AH CORPORATE COMPLIANCE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE FOUNDATION'S STAFF OFFICERS, WHO ARE EMPLOYEES OF ATRIUM HEALTH (AH), IS DETERMINED ANNUALLY FOLLOWING REVIEW OF THEIR

Name of the organization ATRIUM HEALTH FOUNDATION	Employer identification number 56-6060481
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PERFORMANCE AND REVIEW OF COMPENSATION FOR COMPARABLE POSITIONS BASED ON AN INDEPENDENT SURVEY. SALARIES AND INCENTIVE COMPENSATION ARE RECOMMENDED BY SENIOR OFFICERS OF ATRIUM HEALTH AND THEN REVIEWED AND APPROVED BY THE AH COMPENSATION COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE AH BOARD OF COMMISSIONERS. COMMITTEE ACTIONS ARE RECORDED BY MEANS OF CONTEMPORANEOUS MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC,TN,VA
WI,WV

FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MAINTAINED IN THE FOUNDATION'S OFFICES AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	9,577.
TOTAL EXPENSES	9,577.

SALARIES AND BENEFITS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,051,662.
FUNDRAISING EXPENSES	5,903,783.
TOTAL EXPENSES	6,955,445.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,965,022.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PLEDGES	-3,235,000.
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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">ATRIUM HEALTH FOUNDATION</p>	Employer identification number <p align="center">56-6060481</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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
1025 KINGS DRIVE TENANT, LLC P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
PINEVILLE LTACH/REHAB HOSPITAL, LLC - 37-1663995, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
RM1 PROPERTIES, LLC - 85-3038041 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ROCKY ROAD 1, LLC - 86-1257491 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X

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

Schedule R (Form 990) (Rev. 1-2025)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
RR ASSEMBLAGE, LLC - 85-3897459 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
SUNRISE PROPERTIES, LLC - 37-2043234 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY - 56-0529945, P.O. BOX 32861, CHARLOTTE, NC 28232	GOVERNMENTAL HEALTH CARE	NORTH CAROLINA	115(2)		N/A		X
THE PEARL INNOVATION DISTRICT MANAGEMENT CO - 88-2000136, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE DEVELOPMENT	NORTH CAROLINA	501(C)(3)		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
UNION HEALTH SERVICES, LLC - 30-0597871 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
UNION MEDICAL OFFICE BUILDING, LLC P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
UNION MEDICAL SERVICES, LLC - 20-3013475 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
WEST STANLY IMAGING, LLC - 26-2414332 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
MERCY EQUIPMENT CORPORATION - 56-1660616 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ATRIUM HEALTH NORTH MARKET NETWORK, LLC - 85-0629801, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS HOSPITAL NETWORK, LLC - 56-1899344 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS PALLIATIVE CARE AND HOSPICE NETWORK, INC - 80-0683210, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
CAROLINAS UNION HEALTHCARE, INC - 56-1944807 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CHS ANESTHESIA SERVICES GROUP, INC - 47-1511123, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
COLLABORATIVE PHYSICIAN ALLIANCE, LLC - 81-1553630, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
HOSPICE OF CABARRUS COUNTY, INC - 58-1584842 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
MANAGED HEALTH RESOURCES, INC - 56-0529945 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ROCKY CANYON PROPERTIES, LLC - 56-1660616 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ADVOCATE HEALTH, INC - 88-4157429 1000 BLYTHE BOULEVARD CHARLOTTE, NC 28203	HEALTHCARE	NORTH CAROLINA	501(C)(3)		ATRIUM HEALTH, INC		X
ATRIUM HEALTH HOSPITALS, INC - 33-4038167 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS HEALTHCARE SYSTEM ACO, LLC - 82-1609782, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ATRIUM HEALTH CHILDREN'S SPECIALTY NETWORK, INC - 99-5133258, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
LOOKOUT NC PROPERTIES, LLC - 85-2992379 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
IRCAD NORTH AMERICA, INC - 93-2040912 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE DEVELOPMENT	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
1057 EAST, LLC P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
1717 GARDEN TERRACE, LLC - 26-0897680 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
3021 NESBITT, LLC - 85-3018530 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ABBOT RIDGE, LLC - 86-1766226 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ABC PARKWAY, LLC P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
AH GEORGIA, INC. - 83-1707383 P.O. BOX 32861 CHARLOTTE, NC 28232	HEALTHCARE MANAGEMENT	NORTH CAROLINA	501(C)(3)	LINE 10	THE CHARLOTTE-MECKLENB URG HOSPITAL		X
AHSNF, INC. - 84-2727303 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ATRIUM HEALTH EMPLOYEE ASSISTANCE, INC - 85-0548753, P.O. BOX 32861, CHARLOTTE, NC 28232	EMERGENCY ASSISTANCE	NORTH CAROLINA	501(C)(3)	LINE 7	THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ATRIUM HEALTH HUNTERSVILLE ASC, LLC - 86-3426328, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
ATRIUM HEALTH, INC - 84-3647453 P.O. BOX 32861 CHARLOTTE, NC 28232	HEALTHCARE MANAGEMENT	NORTH CAROLINA	501(C)(3)	LINE 10	THE CHARLOTTE-MECKLENB URG HOSPITAL		X
AV INSURANCE, LLC - 20-5608253 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	INSURANCE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
LB ACQUISITIONS, LLC - 30-1251297 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
CAROLINAS AMBULATORY SURGERY, INC. - 81-2714217, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS HEALTH NETWORK, INC. - 56-1899343 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE MANAGEMENT	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS HEALTHCARE INFORMATION EXCHANGE, LLC - 35-2437316, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE MANAGEMENT	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS MEDICAL CENTER AT HOME, LLC - 26-1451047, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CAROLINAS SHARED SERVICES, LLC - 34-1988710 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE MANAGEMENT	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CHS FUND STRATEGIES MANAGEMENT, LLC - 81-0849277, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	INVESTMENT MANAGEMENT	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CHS PHARMACY SERVICES, INC. - 47-3367492 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
CLEVELAND AMBULATORY SERVICES, LLC - 56-1909421, P.O. BOX 32861, CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
DRE1, LLC P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
EAST BOULEVARD 1601, LLC - 26-1098896 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
EAST BOULEVARD 1615, LLC - 26-0892881 P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X
GATEWAY HOLDINGS - INDEPENDENCE, LLC P.O. BOX 32861 CHARLOTTE, NC 28232-2861	REAL ESTATE	NORTH CAROLINA	NC POLITICAL SUBDIVISION		THE CHARLOTTE-MECKLENB URG HOSPITAL		X

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	
CAROLINAS IMAGING SERVICES, LLC - 91-2185756, 700 E. MOREHEAD STREET, STE 300, CHARLOTTE, NC 28202	HEALTHCARE	NC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ENDOSCOPY CENTER - MONROE, LLC - 26-0731594, 11301 CARMEL COMMONS BLVD, STE 302, CHARLOTTE, NC 28226	HEALTHCARE	NC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ENDOSCOPY CENTER HOLDINGS, LLC - 26-0316896, 11301 CARMEL COMMONS BLVD, STE 302, CHARLOTTE, NC 28226	HEALTHCARE MANAGEMENT	NC	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH	B	38,720,220.	FAIR MARKET VALUE
(2) THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH	C	8,044,861.	FAIR MARKET VALUE
(3) THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH	D	0.	SEE PART VII
(4) THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH	J	1,032,467.	FAIR MARKET VALUE
(5) THE CHARLOTTE-MECKLENBURG HOSPITAL AUTH. DBA ATRIUM HEALTH	P	7,036,531.	FAIR MARKET VALUE
(6)			

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART V, LINE 2 (1)

AMOUNT REFLECTS GRANT AWARDS TO ATRIUM HEALTH DURING THE YEAR. AH IS THE CHIEF RECIPIENT OF GRANTS FROM THE FOUNDATION.

FORM 990, SCHEDULE R, PART V, LINE 2 (2)

AMOUNT REFLECTS CASH CONTRIBUTIONS AND PLEDGES RECEIVED FROM ATRIUM HEALTH IN CONNECTION WITH FOUNDATION OPERATING EXPENSE SUPPORT, EVENT SPONSORSHIPS, ESTABLISHMENT OF FUNDS FOR MEDICAL EDUCATION AND RESEARCH, AND RELATED ITEMS.

FORM 990, SCHEDULE R, PART V, LINE 2 (3)

IN 2007, THE FOUNDATION EXECUTED A MEMBER SECURITY AGREEMENT (THE "AGREEMENT") WHICH MADE IT A MEMBER OF ATRIUM HEALTH'S OBLIGATED GROUP. UNDER THE AGREEMENT, THE FOUNDATION JOINTLY AND SEVERALLY GUARANTEES THE PAYMENT AND PERFORMANCE OF ALL BONDS AND OTHER OBLIGATIONS SECURED BY ATRIUM HEALTH'S BOND ORDER. THE FOUNDATION'S OBLIGATION IS ONLY FROM ITS FUTURE UNRESTRICTED CONTRIBUTIONS AND INVESTMENT INCOME, WHICH ARE PLEDGED. THE FOUNDATION'S NET ASSETS, WHETHER RESTRICTED OR UNRESTRICTED, ARE NOT PLEDGED UNDER THE AGREEMENT. THE TOTAL AMOUNT OF THE LOAN GUARANTEE ASSOCIATED WITH THE OBLIGATED GROUP IS \$2,697,473.

FORM 990, SCHEDULE R, PART V, LINE 2 (4)

AMOUNT REFLECTS RENTAL INCOME RECEIVED FROM ATRIUM HEALTH PHYSICIAN PRACTICES THAT OCCUPY RENTAL SPACE IN AN OFFICE BUILDING OWNED BY THE FOUNDATION. RENT IS CHARGED BASED ON MARKET RATES FOR COMPARABLE RENTABLE SQUARE FOOTAGE.

FORM 990, SCHEDULE R, PART V, LINE 2 (5)

Part VII Supplemental Information

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

AMOUNT REFLECTS REIMBURSEMENT BY THE FOUNDATION TO ATRIUM HEALTH FOR

EMPLOYEE SALARIES/BENEFITS AND OTHER OPERATING EXPENSES AT COST, WHICH

EQUATES TO FAIR MARKET VALUE FOR THOSE SERVICES.

Multiple horizontal lines for supplemental information input.