

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 09-01-2016, and ending 08-31-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
EMORY GROUP RETURN  
% JAMES T HATCHER  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
1440 CLIFTON RD NE WHSCAB  
City or town, state or province, country, and ZIP or foreign postal code  
ATLANTA, GA 30322  
**F** Name and address of principal officer  
JON LEWIN MD  
1440 CLIFTON RD NE WHSCAB  
ATLANTA, GA 30322

**D** Employer identification number  
90-0790361  
**E** Telephone number  
(404) 686-2819  
**G** Gross receipts \$ 1,754,722,413

**I** Tax-exempt status  
 501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527  
**J** Website: N/A

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number 5877

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation

**M** State of legal domicile GA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
COORDINATED INTEGRATED HEALTH SYSTEM SEE SCHEDULE O

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	84
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	37
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	18,907
<b>6</b> Total number of volunteers (estimate if necessary)	1,500
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	804,460	1,251,079
<b>9</b> Program service revenue (Part VIII, line 2g)	1,566,646,310	1,683,767,533
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,618,442	3,851,801
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,058,107	65,852,000
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,657,127,319	1,754,722,413
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,136,268,295	1,203,072,355
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	653,265,736	725,517,186
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,789,534,031	1,928,589,541
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-132,406,712	-173,867,128

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	480,485,598	331,984,056
<b>21</b> Total liabilities (Part X, line 26)	504,844,645	522,082,050
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-24,359,047	-190,097,994

**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  
Date 2018-07-12  
JAMES T HATCHER CFO, EMORYHEALTHCARE  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name SHAWN M HUTCHINSON CPA  
Preparer's signature SHAWN M HUTCHINSON CPA  
Date 2018-07-09  
Check  if self-employed  
PTIN P01048557  
Firm's name ▶ KPMG LLP  
Firm's EIN ▶  
Firm's address ▶ 300 North Greene Street Suite 400  
Phone no (336) 275-3394  
Greensboro, NC 27401

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 822,515,446 including grants of \$ ) (Revenue \$ 824,771,787 )  
See Additional Data

**4b** (Code ) (Expenses \$ 528,218,595 including grants of \$ ) (Revenue \$ 596,888,974 )  
See Additional Data

**4c** (Code ) (Expenses \$ 93,164,292 including grants of \$ ) (Revenue \$ 105,511,449 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 379,224,475 including grants of \$ ) (Revenue \$ 222,447,323 )

**4e Total program service expenses** ▶ 1,823,122,808

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	Yes	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (84); 1b Enter the number of voting members included in line 1a, above, who are independent (37); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JAMES T HATCHER 550 PEACHTREE STREET NE ATLANTA, GA 30308 (404) 686-7519

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

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 1,664

Questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

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

Table for independent contractors with columns for (A) Name and business address, (B) Description of services, and (C) Compensation.

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 208



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,251,079			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,251,079			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PHYSICIAN SERVICES REVENUE . . . . .	900099	105,511,449	105,511,449		
	<b>b</b> NET PATIENT SERVICE REVENUE . . . . .	900099	1,462,109,176	1,462,109,176		
	<b>c</b> OTHER OPERATING REVENUE . . . . .	900099	115,074,357	115,074,357		
	<b>d</b> MEDICAL DIRECTOR REVENUE-NON EMORY . . . . .	900099	1,072,551	1,072,551		
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		1,683,767,533				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,851,801		3,851,801	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .		0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
		<b>b</b> Less direct expenses . . . . .		0		
<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .		0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0			
	<b>b</b> Less cost of goods sold . . . . .		0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> INTERCOMPANY TRANSACTIONS . . . . .	900099	62,991,320	62,991,320			
<b>b</b> CAFETERIA INCOME . . . . .	900099	2,306,180	2,306,180			
<b>c</b> OTHER . . . . .	900099	554,500	554,500			
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		65,852,000				
<b>12 Total revenue.</b> See Instructions . . . . .		1,754,722,413	1,749,619,533		3,851,801	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	26,880,657	26,463,030	417,627	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,890,207	4,814,413	75,794	
<b>7</b> Other salaries and wages.	988,799,967	973,437,435	15,362,532	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
<b>9</b> Other employee benefits.	182,501,524	182,038,397	463,127	
<b>10</b> Payroll taxes.	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,987,987	1,272,290	715,697	
<b>c</b> Accounting.	527,505	101,101	426,404	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	33,826,840	14,538,756	19,288,084	
<b>12</b> Advertising and promotion.	0			
<b>13</b> Office expenses.	0			
<b>14</b> Information technology.	0			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	111,001,139	108,626,711	2,374,428	
<b>17</b> Travel.	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	11,666,766	11,660,108	6,658	
<b>21</b> Payments to affiliates.	226,546,957	226,546,957	0	
<b>22</b> Depreciation, depletion, and amortization.	52,230,042	48,429,908	3,800,134	
<b>23</b> Insurance.	5,933,975	2,863,561	3,070,414	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> BAD DEBT EXPENSE	139,423,096	139,423,096	0	
<b>b</b> PURCHASED SERVICES	106,508,741	101,304,519	5,204,222	
<b>c</b> SUPPLIES	192,270,930	191,658,422	612,508	
<b>d</b> REIMBURSEMENTS	-74,287,472	-74,417,950	130,478	
<b>e</b> All other expenses	-82,119,320	-135,637,946	53,518,626	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,928,589,541	1,823,122,808	105,466,733	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	-396,492,313	<b>1</b>	-552,072,272
	<b>2</b> Savings and temporary cash investments . . . . .	135,210,092	<b>2</b>	136,575,505
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	170,207,821	<b>4</b>	154,237,184
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	4,993,448	<b>8</b>	3,986,161
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,009,993	<b>9</b>	14,619,122
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,181,102,792		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 749,762,854	437,885,954	<b>10c</b> 431,339,938
	<b>11</b> Investments—publicly traded securities . . . . .	31,202,045	<b>11</b>	34,364,205
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	83,468,558	<b>15</b>	108,934,213
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	480,485,598	<b>16</b>	331,984,056	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	126,149,712	<b>17</b>	152,899,355
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	57,797	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	7,544,659	<b>20</b>	7,696,319
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	371,092,477	<b>25</b>	361,486,376
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	504,844,645	<b>26</b>	522,082,050
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-38,270,297	<b>27</b>	-208,827,222
	<b>28</b> Temporarily restricted net assets . . . . .	12,551,250	<b>28</b>	17,198,316
	<b>29</b> Permanently restricted net assets	1,360,000	<b>29</b>	1,530,912
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	-24,359,047	<b>33</b>	-190,097,994
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	480,485,598	<b>34</b>	331,984,056

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,754,722,413
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,928,589,541
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-173,867,128
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-24,359,047
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	8,128,181
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-190,097,994

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0790361

**Name:** EMORY GROUP RETURN

Form 990 (2016)

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

THE EMORY CLINIC, INC SEE SCHEDULE O

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

EMORY/SAINT JOSEPH'S, INC SEE SCHEDULE O

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

EMORY MEDICAL CARE FOUNDATION, INC SEE SCHEDULE O

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code	) (Expenses \$	263,563,743	including grants of \$	) (Revenue \$	115,636,457 )
EMORY HEALTHCARE, INC					

(Code	) (Expenses \$	33,525,730	including grants of \$	) (Revenue \$	27,562,930 )
WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC					



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$	2,655,788	including grants of \$	(Revenue \$	57,955 )
EMORY INNOVATIONS, INC				
(Code ) (Expenses \$	79,479,214	including grants of \$	(Revenue \$	79,189,981 )
EMORY-CHILDREN'S CENTER, INC				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
J DAVID ALLEN ..... BD MEM (EHC,TEC)	2 0 ..... 0 0	X						0	0	0	
E THOMAS ANDREWS ..... BD MEMBER (ESJ)	2 0 ..... 0 0	X						0	0	0	
LAURA ASPEY MD ..... BD MEMBER (EMCF)	1 0 ..... 6 0	X						0	182,464	30,082	
CHRISTOPHER AUGOSTINI ..... BD MEM (EHC, EI)	2 0 ..... 6 5 0	X						0	0	0	
ELLEN A BAILEY ..... BD MEM (EHC,TEC,WWC)	3 0 ..... 0 0	X						0	0	0	
THOMAS I BARKIN ..... BD MEMBER (ESJ)	1 0 ..... 2 0	X						0	0	0	
PETER BARNES ..... BD MEM (EHC, EI)	2 0 ..... 6 5 0	X						0	577,487	32,535	
SISTER MARGARET BEATTY ..... BD MEMBER (SJHA)	1 0 ..... 0 0	X						0	0	0	
DONNA BERGESON ..... BD MEMBER (SJHA)	1 0 ..... 0 0	X						0	0	0	
MITCHELL BLASS ..... BD MEMBER (SJHA)	1 0 ..... 0 0	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID E BOYD ..... BD MEMBER (WWC)	1 0 ..... 0 0	X						0	0	0
DONALD I BOYKIN ..... BD MEMBER (EHC)	1 0 ..... 0 0	X						0	0	0
DONALD I BROOKS ..... BD MEMBER (EHC)	3 0 ..... 0 0	X						0	0	0
WILLIAM A BROSIOUS ..... BD MEMBER (EHC)	1 0 ..... 1 0	X						0	0	0
FRANK W BROWN MD ..... BD MEMBER (WWC)	18 0 ..... 43 0	X						88,251	204,045	23,139
BENJAMIN R CARTER ..... BD MEMBER (ESJ)	2 0 ..... 0 0	X						0	0	0
CARLA CHANDLER ..... BD MEMBER (WWC)	1 0 ..... 6 0	X						80,267	270,552	35,321
PHILIP COLETTI ..... BD MEM (ESJ,SJHA)	2 0 ..... 0 0	X						0	0	0
JUNE CONNOR ..... BD MEMBER (WWC)	1 0 ..... 6 0	X						70,735	363,928	20,568
SCOTT DAVIS JR MD ..... BD MEMBER (TEC)	6 1 0 ..... 0 0	X						323,042	12	42,497

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARLOS DEL RIO MD ..... BD MEMBER (EMCF)	1 0 ..... 60 0	X						7,917	394,323	38,133
HEATHER DEXTER ..... BD MEMBER (SJHA) CEO	61 0 ..... 00 0	X		X				526,124	0	102,580
SISTER ANGELA EBBERWEIN ..... BD MEMBER (SJHA)	1 0 ..... 00 0	X						0	0	0
DAVID FITZGERALD ..... BD MEM (SJHA,ESJ)	2 0 ..... 00 0	X						0	0	0
ROBERT FITZGERALD ..... BD MEMBER (SJHA)	1 0 ..... 00 0	X						0	0	0
RUSSELL R FRENCH ..... BD MEM (EHC,ESJ)	2 0 ..... 00 0	X						0	0	0
BRYCE GARTLAND MD ..... BD MEMBER (WWC)	1 0 ..... 60 0	X						248,693	411,130	103,665
CHARLES B GINDEN ..... BD MEM (EHC,TEC,ESJ)	3 0 ..... 00 0	X						0	0	0
JOSEPH R GLADDEN ..... BD MEMBER (EHC)	1 0 ..... 00 0	X						0	0	0
JOHN T GLOVER ..... BD MEMBER (EHC)	1 0 ..... 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT C GODDARD III ..... BD MEMBER (EHC)	1 0 ..... 4 0	X						0	0	0
DAVID MARSHALL GUIDOT MD ..... BD MEMBER (EHC)	61 0 ..... 0 0	X						36,380	179,335	14,885
LEON HALEY JR ..... BD MEMBER (EMCF)	61 0 ..... 0 0	X						7,175	497,052	48,815
RICHARD HANSEN MD ..... BD MEMBER (ESJ)	61 0 ..... 0 0	X						332,253	0	16,664
JOHN HAUPERT MD ..... BD MEMBER (EMCF)	1 0 ..... 0 0	X						0	0	0
KATHERINE L HEILPERN MD ..... BD MEMBER (EMCF)	37 0 ..... 25 0	X						409,576	312,770	43,155
LAUREN HILL MD ..... BD MEMBER (EMCF)	46 0 ..... 15 0	X						540,759	197,584	36,760
IRA HOROWITZ MD ..... BD MEM (EMCF,EHC,TEC)	16 0 ..... 46 0	X						361,069	412,943	50,200
LUCKY JAIN MD ..... BD MEM (EMCF,ECC)	2 0 ..... 60 0	X						310,849	0	32,802
THEODORE JOHNSON MD ..... BD MEMBER (EHC)	13 0 ..... 48 0	X						171,881	201,767	57,061

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YOUSUF KHALIFA MD ..... BD MEMBER (EMCF)	13 0 ..... 48 0	X						0	324,224	43,650
CHRISTIAN P LARSEN MD ..... BD MEM (EHC,EMCF,TEC)	21 0 ..... 42 0	X						876,148	623,308	58,366
ALLAN I LEVEY MD ..... BD MEMBER (EMCF)	19 0 ..... 42 0	X						220,990	541,436	50,409
JONATHAN S LEWIN MD ..... SEE SCH J PART III	4 0 ..... 65 0	X						1,136,545	688,375	45,848
SAGAR LONIAL MD ..... BD MEMBER (EHC)	41 0 ..... 20 0	X						409,561	203,910	30,535
CATHERINE MALONEY ..... BD MEMBER (WWC)	1 0 ..... 60 0	X						59,994	197,693	39,338
BOBBY MAYS ..... BD MEMBER (WWC)	1 0 ..... 0 0	X						0	0	0
DWIGHT MC BRIDE ..... BD MEMBER (EI)	1 0 ..... 65 0	X						0	0	0
TOM Mc GAHAN ..... BD MEM (EHC,SJHA)	2 0 ..... 0 0	X						0	0	0
GERARD MC GORISK MD ..... BD MEMBER (TEC)	2 0 ..... 59 0	X						523,399	0	41,452

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE MARIE MC KENZIE-BROWN ..... BD MEMBER (EHC)	61 0 ..... 0 0	X						359,533	0	41,584
WILLIAM M MC KINNON MD ..... BD MEMBER (EHC)	1 0 ..... 0 0	X						0	0	0
CAROLYN MELTZER MD ..... BD MEM (TEC,EMCF)	22 0 ..... 40 0	X						516,681	261,732	46,948
BROOKE MOORE ..... BD MEMBER (TEC)	61 0 ..... 0 0	X		X				304,775	0	32,109
DOUGLAS C MORRIS MD ..... BD MEMBER (ESJ)	57 0 ..... 4 0	X		X				846,574	23,428	35,357
GRAYSON NORQUIST ..... BD MEMBER (EMCF)	31 0 ..... 30 0	X						0	274,887	33,163
ADEDAPO ODETOYINBO MD ..... BD MEMBER (ESJ)	61 0 ..... 0 0	X						350,055	618	49,783
GEORGE D OVEREND ..... BD MEM (EHC,TEC)	2 0 ..... 0 0	X						0	0	0
SHARON PAPPAS ..... BD MEMBER (WWC)	31 0 ..... 30 0	X						50,879	0	1,714
NANCY PARIS ..... BD MEMBER (EHC)	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANE PETERSON ..... BD MEMBER (ESJ)	31 0 ..... 31 0	X						1,027,147	1,000	140,054
J NEAL PURCELL ..... BD MEM (EHC,ESJ)	2 0 ..... 0 0	X						0	0	0
SURESH RAMALINGHAM MD ..... BD MEMBER (EHC)	31 0 ..... 30 0	X						232,346	263,379	55,784
WENDELL S REILLY ..... BD MEMBER (WWC)	1 0 ..... 3 0	X						0	0	0
WILLIAM REISMAN MD ..... BD MEMBER (EMCF)	61 0 ..... 0 0	X						0	580,453	38,198
JOHN G RICE ..... BD MEMBER (EHC)	1 0 ..... 2 0	X						0	0	0
JEN SCHUCK ..... BD MEMBER (WWC)	26 0 ..... 20 0	X						232,877	0	20,509
STEPHEN D SENCER ..... BD MEMBER (EI)	1 0 ..... 65 0	X						0	588,881	53,576
BRUCE SIMMONS ..... BD MEMBER (SJHA)	1 0 ..... 0 0	X						0	0	0
DAVID STEPHENS MD ..... BD MEM (EMCF,EHC,ECC,TEC)	4 0 ..... 60 0	X						261,348	509,057	29,549



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F SWEENEY MD ..... BD MEMBER (EMCF)	26 0 ..... 35 0	X						682,446	190,765	50,981
ROBERT ANDREW SWERLICK MD ..... BD MEMBER (TEC)	31 0 ..... 30 0	X						165,226	197,651	41,375
ROSALIA THOMAS ..... BD MEMBER (SJHA)	1 0 ..... 0 0	X						0	0	0
CHILTON D VARNER ..... BD MEMBER (ESJ)	1 0 ..... 0 0	X						0	0	0
JOHN VAZQUEZ MD ..... BD MEMBER (TEC)	31 0 ..... 30 0	X						293,713	12	41,512
GLENN D WARREN ..... BD MEMBER (WWC)	1 0 ..... 0 0	X						0	0	0
SAM A WILLIAMS ..... BD MEMBER (EHC)	1 0 ..... 0 0	X						0	0	0
ROBERT WINBORNE ..... BD MEMBER (ESJ)	1 0 ..... 0 0	X						0	0	0
WENDY WRIGHT MD ..... BD MEMBER (EHC)	61 0 ..... 0 0	X						353,298	312	32,318
STUART ZOLA ..... BD MEMBER (EI)	1 0 ..... 65 0	X						0	208,564	19,524

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL ANDRECHAK ..... OFFICER (EI) - TREASURER	0 0 ..... 60 0			X				0	307,108	39,490
JEFF BAXTER ..... SEC (EHC,ESJ,SJHA)	30 0 ..... 30 0			X				0	236,973	40,956
JENNIFER BLAKELY ..... SECRETARY (TEC)	1 0 ..... 44 0			X				0	180,645	30,048
MAUREEN HALDEMAN ..... INTERIM COO (TEC)	60 0 ..... 0 0			X				435,826	0	36,584
JAMES T HATCHER ..... TREASURER (ESJ)	35 0 ..... 30 0			X				803,301	0	35,738
LIZ MC CARTY ..... SEC TREASURER (ECC)	40 0 ..... 0 0			X				0	235,743	27,884
MELINDA SIMON ..... SECRETARY (EI)	1 0 ..... 44 0			X				0	195,596	42,871
JOHN T TILLMAN ..... OFFICER (EI) - PRESIDENT	60 0 ..... 0 0			X				80,747	222,874	34,956
SHERVIN OSKOUET MD ..... PHYSICIAN	60 0 ..... 0 0					X		1,690,472	12	41,281
DAN REFAI MD ..... PHYSICIAN	60 0 ..... 0 0					X		1,577,516	12	45,846

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M RHEE MD ..... PHYSICIAN	60 0 ..... 0 0					X		2,041,991	18	40,879
JOHN XEROGEANES MD ..... PHYSICIAN	60 0 ..... 0 0					X		1,250,463	28	42,006
SANGWOOK TIM YOON MD ..... PHYSICIAN	60 0 ..... 0 0					X		1,326,312	628	49,531
R WAYNE ALEXANDER MD ..... FORMER BD MEM (EMCF)	24 0 ..... 36 0						X	691	69,095	9,919
DANIEL L BARROW MD ..... FORMER BD MEM (EMCF)	50 0 ..... 10 0						X	1,055,622	235,752	47,435
DONALD I BRUNN ..... FORMER BD MEM (TEC,ECC)	60 0 ..... 0 0						X	787,082	0	38,004
TIMOTHY BUCHMAN MD ..... FORMER BD MEM (EHC)	56 0 ..... 4 0						X	593,139	17,348	46,576
DAVID T BURKE MD ..... FORMER BD MEM (EMCF)	6 0 ..... 54 0						X	177,825	195,016	48,651
GRANT W CARLSON MD ..... FORMER BD MEM (TEC)	50 0 ..... 10 0						X	577,005	62,482	39,437
JANE JORDAN CASAVANT ..... FORMER SEC (EHC,ESJ,TEC,SJHA)	30 0 ..... 30 0						X	0	244,440	37,659

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
S WRIGHT CAUGHMAN MD ..... SEE SCH J PART III	20 0 ..... 40 0						X	313,750	699,340	45,770
WALTER J CURRAN MD ..... FORMER BD MEM (EMCF)	15 0 ..... 45 0						X	428,796	884,164	123,545
J WILLIAM ELEY MD ..... FORMER BD MEM (EMCF)	4 0 ..... 56 0						X	18,873	345,668	39,215
GREG ESPER MD ..... FORMER BD MEM (TEC)	60 0 ..... 0 0						X	380,989	47,086	49,148
SUSAN GRANT ..... FORMER BD MEM (WWC)	0 0 ..... 0 0						X	23,133	0	5
MICHAEL M E JOHNS MD ..... SEE SCH J PART III	0 0 ..... 41 0						X	69,231	139,413	32,045
LYNN JOHNSON ..... FORMER SEC TREASURER (WWC)	1 0 ..... 44 0						X	243,029	0	28,465
THOMAS J LAWLEYMD ..... FORM BD MEM (EHC,ECC,EMCF,TEC)	20 0 ..... 40 0						X	0	459,986	45,435
ANGEL LEON MD ..... FORMER BD MEM (EHC)	54 0 ..... 6 0						X	521,948	94,190	37,764
MICHAEL J MANDL ..... SEE SCH J PART III	0 0 ..... 40 0						X	0	2,717,624	36,057

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS E MATTOX MD ..... FORMER BD MEM (EMCF)	48 0 ..... 12 0						X	529,095	108,448	47,261
DOUGLAS MURPHY MD ..... FORMER BD MEM (SJHA)	60 0 ..... 0 0						X	845,136	152	41,141
TIMOTHY OLSEN MD ..... FORM BD MEM (TEC,EMCF)	25 0 ..... 35 0						X	222,320	462,311	61,003
TRISTRAM G PARSLOW MD ..... FORM BD MEM (EMCF)	38 0 ..... 22 0						X	406,175	271,251	44,782
MARK RAPAPORT MD ..... FORMER BD MEM (EMCF)	16 0 ..... 44 0						X	178,187	489,477	52,256
CHAD RITENOUR MD ..... FORMER BD MEM (EMCF)	0 0 ..... 60 0						X	111,825	362,338	30,088
JAMES ROBERSON MD ..... FORMER BD MEM (EMCF)	48 0 ..... 12 0						X	1,066,331	181,492	40,498
ROBIN RUTHERFORD ..... FORMER BD MEM (TEC)	60 0 ..... 0 0						X	409,447	79	35,761
MARTIN G SANDA MD ..... FORMER BD MEM (EMCF)	29 0 ..... 31 0						X	410,784	247,974	50,903
CHARLES STALEY MD ..... FORMER BD MEM (TEC)	60 0 ..... 0 0						X	416,746	57,105	46,033

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAIRE STERK ..... FORMER BD MEM (EI)	0 0 ..... 80 0						X	0	989,717	147,831

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EMORY GROUP RETURN

Employer identification number

90-0790361

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) EMORY UNIVERSITY	580566256	2	Yes		117,473,011	0
<b>Total</b>	1				117,473,011	

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	1	1	1	1	4
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	705,834,240	790,445,038	875,913,613	899,916,318	980,117,065	4,252,226,274
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6</b>	<b>Total.</b> Add lines 1 through 5	705,834,240	790,445,039	875,913,614	899,916,319	980,117,066	4,252,226,278
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b>	Add lines 7a and 7b						0
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						4,252,226,278

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6	705,834,240	790,445,039	875,913,614	899,916,319	980,117,066	4,252,226,278
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,916	1,755,922	273,548	1,719,913	1,024,761	4,781,060
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b>	Add lines 10a and 10b	6,916	1,755,922	273,548	1,719,913	1,024,761	4,781,060
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))	29,292,082	58,813,366	51,664,296	7,739,518	29,356,152	176,865,414
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	735,133,238	851,014,327	927,851,458	909,375,750	1,010,497,979	4,433,872,752
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.903 %
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	96.290 %

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.108 %
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	0.123 %

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>			
<b>b</b>	A family member of a person described in (a) above?		
<b>11b</b>			
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	0	
<b>2</b> Recoveries of prior-year distributions	0	
<b>3</b> Other gross income (see instructions)	0	
<b>4</b> Add lines 1 through 3	0	
<b>5</b> Depreciation and depletion	0	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	0	
<b>7</b> Other expenses (see instructions)	0	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	0	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b> Enter 85% of line 1	<b>2</b>	0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b> Income tax imposed in prior year	<b>5</b>	0
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	0
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	0
<b>4</b> Amounts paid to acquire exempt-use assets	0
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	0
<b>6</b> Other distributions (describe in Part VI) See instructions	0
<b>7 Total annual distributions.</b> Add lines 1 through 6	0
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
<b>9</b> Distributable amount for 2016 from Section C, line 6	0
<b>10</b> Line 8 amount divided by Line 9 amount	0 %

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

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I	REASON FOR PUBLIC CHARITY STATUS THE LIST BELOW SHOWS ALL THE ENTITIES INCLUDED IN THIS GROUP RETURN ALONG WITH THE CORRESPONDING BOX NUMBER THAT RELATES TO ITS REASON FOR PUBLIC CHARITY STATUS EMORY HEALTHCARE, INC - BOX 12 THE EMORY CLINIC, INC - BOX 10 WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC - BOX 3 EMORY MEDICAL CARE FOUNDATION, INC - BOX 10 EMORY INNOVATIONS, INC - BOX 12 EMORY/SAINT JOSEPH'S INC - BOX 4 SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC - BOX 3 EMORY-CHILDREN'S CENTER, INC - BOX 10

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART III, SECTION B, LINE 12	OTHER INCOME INTERCOMPANY TRANSACTIONS \$29,356,152

Schedule A Form 990 or 990-E 2016



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
EMORY GROUP RETURN

**Employer identification number**  
90-0790361

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,185,000	585,000	585,000	585,000	0
<b>b</b> Contributions . . . . .	150,912	600,000		0	585,000
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,335,912	1,185,000	585,000	585,000	585,000

- 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 ▶ 100 000 %
  - c** Temporarily restricted 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  |
|--|--------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No  |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		20,500,427		20,500,427
<b>b</b> Buildings		373,876,927	183,157,183	190,719,744
<b>c</b> Leasehold improvements		128,051,134	55,484,374	72,566,760
<b>d</b> Equipment . . . . .		648,453,363	501,288,955	147,164,408
<b>e</b> Other . . . . .		10,220,941	9,832,342	388,599
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				431,339,938

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

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

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

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	14,053,132
(2) ASSETS LIMITED AS TO USE	18,294,882
(3) OTHER	76,155,516
(4) GOODWILL	430,683
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	108,934,213

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO EMORY UNIVERSITY - DEBT	212,775,344
GENERAL&PROFESSIONAL LIABILITY	13,018,253
DIST PAYABLE TO DEPARTMENTS	11,246,155
OTHER	4,641,512
THIRD PARTY SETTLEMENTS	16,834,323
DIST PAYABLE TO OTHERS	2,561,464
DUE TO INTERCOMPANY	14,053,132
ACCRUED PENSION&457B LIABILITY	86,356,193
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	361,486,376

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 90-0790361  
**Name:** EMORY GROUP RETURN

### Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DUE TO EMORY UNIVERSITY - DEBT	212,775,344
GENERAL&PROFESSIONAL LIABILITY	13,018,253
DIST PAYABLE TO DEPARTMENTS	11,246,155
OTHER	4,641,512
THIRD PARTY SETTLEMENTS	16,834,323
DIST PAYABLE TO OTHERS	2,561,464
DUE TO INTERCOMPANY	14,053,132
ACCRUED PENSION&457B LIABILITY	86,356,193

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	ASC740, INCOME TAXES ALL ENTITIES INCLUDED IN THIS GROUP RETURN (EHC,TEC,WWC,EMCF,EI,ESJ, SJHA,ECC) ARE INCLUDED IN THE AUDITED FINANCIALS OF EMORY UNIVERSITY A COPY OF EMORY UNIV ERSITY'S AUGUST 31, 2017 AUDITED FINANCIALS IS ATTACHED TO THIS RETURN THE GROUP DID NOT HAVE A SEPARATE INDEPENDENT AUDIT INCOME TAXES FOOTNOTE IN THE ATTACHED AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS "THE UNIVERSITY IS RECOGNIZED AS A TAX-EXEMPT ORGANIZATION AS D EFINED IN SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM THE FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE C ODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE CONSOLIDATED FINANCIAL STAT EMENTS UNRELATED BUSINESS INCOME OF THE UNIVERSITY IS REPORTED ON FORM 990-T AS OF AUGUS T 31, 2017 AND 2016, THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS "

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDE A VARIETY OF AREAS INCLUDING ENDOWED CHAIRS, OPERATING BUDGET SUPPORT, AND OTHER SPECIAL PROJECTS



**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 EMORY GROUP RETURN

**Hospitals**

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

**Employer identification number**  
 90-0790361

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 0 %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 0 %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			11,652,283	0	11,652,283	0 620 %
<b>b</b> Medicaid (from Worksheet 3, column a)			22,335,706	15,406,228	6,929,478	0 370 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			33,987,989	15,406,228	18,581,761	0 990 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			62,674	500	62,174	
<b>f</b> Health professions education (from Worksheet 5)			126,945	0	126,945	0 010 %
<b>g</b> Subsidized health services (from Worksheet 6)			38,166,870	15,406,228	22,760,642	1 200 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			282,048	0	282,048	0 020 %
<b>j Total.</b> Other Benefits			38,638,537	15,406,728	23,231,809	1 230 %
<b>k Total.</b> Add lines 7d and 7j			72,626,526	30,812,956	41,813,570	2 220 %

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

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

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	120,953,242
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	153,064,779
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-32,111,537
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group

**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 HOSPITAL FACILITIES LINES 1-2

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 12

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

## HOSPITAL FACILITIES LINES 1-2

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

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____%		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART VI</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART VI</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART VI</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

HOSPITAL FACILITIES LINES 1-2

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

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

HOSPITAL FACILITIES LINES 1-2

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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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





**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	FPG ELIGIBILITY NOT APPLICABLE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	COMMUNITY BENEFIT REPORT EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT <a href="http://whsc.emory.edu/publications/community-benefits-2017/index.html">HTTP //WHSC EMORY EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2017/INDEX HTML</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE IN THE "PERCENT OF TOTAL EXPENSE" CALCULATION CONTAINED IN COLUMN F OF PART I, LINE 7, THE DENOMINATOR (TOTAL FUNCTIONAL EXPENSES REPORTED ON PART IX, LINE 25A) WAS REDUCED BY \$37,007,571 THE TOTAL PROVISION FOR BAD DEBTS INCLUDED IN THAT NUMBER Starting in 2015 Schedule H instructions provided new guidance for column F for group return filers The total expense denominator for purposes of determining the percent of total expense for column F is the amount reported on Form 990, Part IX, line 25, column A of the group return Therefore, Schedule H column F of this group return is presenting the consolidated total from the group statement of functional expenses, instead of including the functional expenses of hospital facilities only However, we would also like to disclose the percent of total expense for Part I, Line 7k, column F using the functional expenses of hospital facilities only in the denominator, as this presents a most accurate reflection community benefit expenses for the hospital facilities within the group That percentage would be 7.81%

Form and Line Reference	Explanation
PART I, LINE 7	<p>FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST EMORY UNIVERSITY INCLUDES ONE OF THE NATION'S LEADING ACADEMIC COMPLEXES FOR TEACHING, RESEARCH, AND PATIENT CARE - THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER (WHSC) THE WHSC INCLUDES EMORY UNIVERSITY SCHOOL OF MEDICINE, NELL HODGSON WOODRUFF SCHOOL OF NURSING, ROLLINS SCHOOL OF PUBLIC HEALTH, WINSHIP CANCER INSTITUTE, YERKES NATIONAL PRIMATE RESEARCH CENTER, AND EMORY HEALTHCARE, WHICH IS THE WHSC'S SYSTEM OF HEALTH CARE OPERATIONS EMORY HEALTHCARE INCLUDES PHYSICIAN GROUPS FOR PEDIATRIC AND ADULT PATIENTS AS WELL AS THE FOLLOWING HOSPITALS (1) THREE GENERAL AND ACUTE CARE HOSPITALS EMORY UNIVERSITY HOSPITAL (WHICH INCLUDES EMORY UNIVERSITY ORTHOPAEDICS &amp; SPINE HOSPITAL), EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA, (2) TWO JOINT VENTURES EMORY-SAINT JOSEPH'S, INC (WHICH INCLUDES EMORY JOHNS CREEK HOSPITAL AND SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC ), AND EMORY REHABILITATION HOSPITAL ALTHOUGH PART OF THE EMORY HEALTHCARE SYSTEM, THE VARIOUS HOSPITALS ARE OPERATING DIVISIONS OF DIFFERENT EMORY ENTITIES EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA ARE OPERATING DIVISIONS OF EMORY UNIVERSITY EMORY JOHNS CREEK HOSPITAL AND SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC ARE PART OF A JOINT VENTURE WITH SAINT JOSEPH'S HEALTH SYSTEM INC EMORY REHABILITATION HOSPITAL IS PART OF A JOINT VENTURE WITH SELECT MEDICAL CORPORATION IN ADDITION, EMORY HAS CLOSE WORKING RELATIONSHIPS WITH OTHER HOSPITALS, INCLUDING GRADY MEMORIAL HOSPITAL ("GRADY"), CHILDREN'S HEALTHCARE OF ATLANTA, INC AND THE ATLANTA VETERANS AFFAIRS MEDICAL CENTER ("ATLANTA VA") EMORY UNIVERSITY SCHOOL OF MEDICINE IS A MAJOR SUPPLIER OF THE PHYSICIANS (BOTH MEDICAL FACULTY AND PHYSICIAN RESIDENTS IN TRAINING) AT GRADY, PROVIDING 80% OF PHYSICIAN CARE AT THIS FACILITY, WHICH IS ONE OF THE LARGEST PUBLIC HOSPITALS IN THE SOUTHEAST EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, AS WELL AS GRADY, THE ATLANTA VA, AND CHILDREN'S HEALTHCARE OF ATLANTA, INC SERVE AS TEACHING FACILITIES FOR THE EMORY UNIVERSITY SCHOOL OF MEDICINE (PROVIDING VENUES FOR RESIDENCY TRAINING) AND EMORY'S NELL HODGSON WOODRUFF SCHOOL OF NURSING (PROVIDING DEDICATED EDUCATION UNITS FOR NURSING STUDENTS) EMORY UNIVERSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN ALSO ARE ACTIVE SITES WITH IN THE CLINICAL INTERACTION NETWORK OF THE NIH-SPONSORED ATLANTA CLINICAL &amp; TRANSLATIONAL SCIENCE INSTITUTE (ACTSI), WHICH SEEKS TO MAKE CLINICAL TRIALS FOR NEW TREATMENTS MORE EFFICIENT AND MORE AVAILABLE THROUGHOUT THE COMMUNITY EMORY IS THE LEAD PARTNER IN ACTSI, WHICH ALSO INVOLVES MOREHOUSE SCHOOL OF MEDICINE AND THE GEORGIA INSTITUTE OF TECHNOLOGY THROUGH THE EMORY MEDICAL CARE FOUNDATION, INC (EMCF), WHICH IS CONTROLLED BY EMORY UNIVERSITY, EMORY PHYSICIANS PROVIDED \$24.6 MILLION IN UNCOMPENSATED PATIENT CARE TO GRADY IN FY 2017 IN ADDITION, EMCF INVESTS ANY REIMBURSEMENTS THAT EMORY FACULTY DO RECEIVE FOR SERVICES RENDERED AT GRADY TO UPGRADE EQUIPMENT AND SUPPORT VITAL SERVICES PROVIDED BY EMORY PHYSICIANS WORKING AT GRADY EMCF INVESTED \$49.6 MILLION FOR THIS PURPOSE IN FY 2017 EMORY ALSO PROVIDES 80% OF PHYSICIAN CARE AT CHILDREN'S AT HUGHES SPALDING, A PEDIATRIC HOSPITAL ON GRADY'S CAMPUS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC THE TOTAL CHARITY CARE AND COMMUNITY BENEFIT ATTRIBUTED TO THE ORGANIZATION IS LOCATED ON PART I, LINE 7 OF SCHEDULE H FOR A MORE COMPREHENSIVE OVERVIEW OF THE TOTAL CHARITY CARE AND COMMUNITY BENEFIT PROVIDED BY EMORY HEALTHCARE, PLEASE VIEW THE EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT AT <a href="http://whsc.emory.edu/publications/community-benefits-2017/index.html">HTTP://WHSC.EMORY.EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2017/INDEX.HTML</a> FOR MORE SPECIFICS AND A BREAKDOWN OF CHARITY CARE BY INDIVIDUAL FACILITY AND FOR A CHART AGGREGATING A VARIETY OF COMMUNITY BENEFITS IN DOLLAR FIGURES SEE <a href="http://whsc.emory.edu/publications/community-benefits-2017/cc-overview.html">HTTP://WHSC.EMORY.EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2017/CC-OVERVIEW.HTML</a> IN COMPARISON WITH OTHER HOSPITALS IN METRO ATLANTA AND THE SURROUNDING COMMUNITY, EMORY HEALTHCARE HOSPITALS ARE REFERRED A DISPROPORTIONATE NUMBER OF PATIENTS WITH EXTREMELY COMPLEX AND CHALLENGING CONDITIONS OTHER AREA HOSPITALS ROUTINELY REFER PATIENTS TO EMORY FOR WHOM THEY HAVE NO OTHER TREATMENT RECOURSE THESE SICKEST-OF-THE-SICK PATIENTS ARE NOT ONLY THE MOST CLINICALLY CHALLENGING BUT ALSO THE MOST COSTLY PATIENTS TO TREAT AT EMORY, SUCH PATIENTS FIND CLINICIANS DETERMINED TO PROVIDE THE BEST, MOST COMPASSIONATE CARE POSSIBLE REGARDLESS OF THESE PATIENT'S ABILITY TO PAY EMORY UNIVERSITY HOSPITAL, IN PARTICULAR, IS NOTED AS A DESTINATION FOR PATIENTS IN THIS HIGH-ACUITY CATEGORY THIS HOSPITAL CONTINUES TO BE IN THE TOP TWENTY OF THE HIGHEST CASE-MIX INDEX OF HOSPITALS IN THE VIZIENT DATABASE F/K/A UNIVERSITY HEALTH SYSTEM CONSORTIUM DATABASE, WHICH MEANS THAT ITS PATIENTS ARE AMONG THE SICKEST TREATED ANYWHERE IN THE COUNTRY AND INCLUDE PATIENTS</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>TS ROUTINELY REFERRED FROM HOSPITALS THROUGHOUT ATLANTA AND THE REGION EMORY UNIVERSITY HOSPITAL ALSO PROVIDES SERVICES AND PROCEDURES AVAILABLE NOWHERE ELSE IN THE STATE, INCLUDING HIGH COMPLEX TRANSPLANT PROCEDURES, AMONG OTHERS EMORY UNIVERSITY HOSPITAL HELPS PIONEER, TEST, AND DEVELOP NEW PROCEDURES THAT EVENTUALLY MAKE THEIR WAY INTO THE BROADER COMMUNITY OF HEALTH CARE PROVIDERS IN ADDITION, IN PARTNERSHIP WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, EMORY UNIVERSITY HOSPITAL HAS A SPECIAL ISOLATION UNIT FOR THE CARE OF PATIENTS WITH SERIOUS COMMUNICABLE DISEASES - SUCH AS CDC EMPLOYEES WHO HAVE CONFIRMED, PROBABLE, OR SUSPECTED INFECTION WITH OR EXPOSURE TO PATHOGENS SUCH AS EBOLA, SMALLPOX, PNEUMONIC PLAGUE, OR SARS THAT ARE ASSOCIATED WITH HIGH INFECTIVITY RATES EMORY UNIVERSITY HOSPITAL MIDTOWN (EUHM), WHICH INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT AMONG ITS OTHER ICUS, ALSO HAS A CASE-MIX INDEX THAT IS CONSIDERABLY HIGHER THAN THAT OF MOST COMMUNITY HOSPITALS IN PARTNERSHIP WITH THE ATLANTA POLICE DEPARTMENT, EMORY UNIVERSITY HOSPITAL MIDTOWN HAS A MINI ATLANTA POLICE STATION PRECINCT ON ITS SITE, WHICH HOUSES NUMEROUS SWORN POLICE EMPLOYEES WITH RESPONSIBILITY FOR PATROLLING MIDTOWN AND DOWNTOWN ATLANTA EUHM SPONSORS PERIODIC WORKDAYS DURING WHICH EMPLOYEES DO CLEAN-UP ACTIVITIES IN THE NEIGHBORHOOD AROUND EUHM EUHM ALSO COLLABORATES WITH STATE AGENCIES IN GEORGIA AND THE ROSWELL EMPLOYMENT AGENCY BRIGGS &amp; ASSOCIATES ON PROJECT SEARCH TO TARGET HIGH SCHOOL SENIORS WITH DEVELOPMENTAL DISABILITIES FOR ONE-ON-ONE JOB TRAINING AND COACHING THESE YOUNG PEOPLE BECOME REGULAR EMPLOYEES, EARNING REGULAR WAGES EUHM RECEIVED THE "FREEDOM TO COMPETE" AWARDED IN 2007 FROM THE EQUAL OPPORTUNITY COMMISSION FOR ITS ROLE AS THE STARTING LOCATION FOR THIS PROGRAM EMORY UNIVERSITY HOSPITAL SMYRNA (EUHS) HAS PROUDLY SERVED THE HEALTHCARE NEEDS OF OUR NEIGHBORS SINCE 1974 EUHS IS AN 88-BED COMMUNITY HOSPITAL THAT IS LOCATED IN SMYRNA (COBB COUNTY) GEORGIA ORIGINALLY FOUNDED AS SMYRNA HOSPITAL BY A GROUP OF PHYSICIANS IN 1974, ADVENTIST HEALTH SYSTEM ACQUIRED THE HOSPITAL IN 1976, MAKING IT THE FIRST HEALTHCARE INSTITUTION IN THE ATLANTA AREA AFFILIATED WITH THE SEVENTH-DAY ADVENTIST CHURCH IN 1995, ADVENTIST HEALTH SYSTEM ENTERED INTO A JOINT VENTURE WITH EMORY HEALTHCARE, THUS CREATING THE FIRST HOSPITAL CO-OWNED BY TWO LEADING HEALTHCARE PROVIDERS THE FACILITY WAS RENAMED EMORY-ADVENTIST HOSPITAL IN 2015, EMORY UNIVERSITY ACQUIRED EMORY-ADVENTIST HOSPITAL AND RENAMED IT EMORY UNIVERSITY HOSPITAL SMYRNA THE FACILITY IS ANTICIPATED TO UNDERGO SIGNIFICANT RENOVATION IN THE UPCOMING YEARS TO BETTER MEET THE NEEDS OF ITS COMMUNITY</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4 AND SECTION B, LINES 2 AND 3	FOOTNOTE TO FINANCIAL STATEMENTS EMORY UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOOTNOTE #5 NET PATIENT SERVICE REVENUE INCLUDES DISCUSSION ON PROVISIONS FOR UNCOLLECTIBLE ACCOUNTS FOR EMORY HEALTHCARE EMORY UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOOTNOTE #1 ORGANIZATION DESCRIBES WHAT ALL IS INCLUDED IN EMORY HEALTHCARE FOR FINANCIAL REPORTING PURPOSES

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	TREATMENT OF SHORTFALL SHORTFALL IS NOT REPORTED IN LINE 7 COMMUNITY BENEFIT TO DETERMINE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT, THE COST-TO-CHARGE RATIO IS APPLIED TO GROSS PATIENT REVENUE ASSOCIATED WITH SERVICES PERFORMED FOR PATIENTS WHO ARE ELIGIBLE FOR MEDICARE



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	DEBT COLLECTION POLICY CREDIT/COLLECTION POLICY REQUIRES ALL ACCOUNTS TO BE REVIEWED FOR POSSIBLE CHARITY WRITE-OFF COLLECTION PRACTICES ARE NOT UNDERTAKEN WITH RESPECT TO CHARGES RELATED TO SERVICES COVERED BY THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V	FACILITY INFORMATION SAINT JOSEPH'S HOSPITAL OF ATLANTA - SEE SCHEDULE O EMORY JOHNS CREEK HOSPITAL - SEE SCHEDULE O

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT EMORY HEALTHCARE CURRENTLY CONDUCTS AN EXTENSIVE ANNUAL ENVIRONMENTAL ASSESSMENT, WHICH ENCOMPASSES EACH ENTITY WITHIN THE ORGANIZATION THIS ASSESSMENT IS UTILIZED TO PLAN THE STRATEGIC DIRECTION FOR THE FOLLOWING FISCAL YEAR THE ENVIRONMENTAL ASSESSMENT INCLUDES A DETAILED REVIEW OF PATIENT ORIGIN AND PATIENT CHARACTERISTICS, INCLUDING AGE, ETHNICITY, AND PAYER THE POPULATION DEMOGRAPHICS FOR THE PRIMARY AND SECONDARY SERVICE AREAS ARE ANALYZED THE ASSESSMENT ALSO INCLUDES A REVIEW OF SERVICES CURRENTLY UTILIZED BY PATIENTS ALONG WITH A FORECAST OF FUTURE SERVICE LINE NEEDS IN ADDITION TO THIS ASSESSMENT, A DETAILED MEDICAL STAFF DEVELOPMENT ASSESSMENT IS CONDUCTED ANNUALLY TO DETERMINE SPECIALTY NEEDS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	PART V, SECTION B, LINES 13A,13B,15E,16A,16B,16C AND 16J PART I, LINE 3A AND LINE 3B PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATIONS ARE DISCUSSED WITH PATIENTS DURING THE FINANCIAL SCREENING PROCESS ALL PATIENTS ARE SCREENED AS PART OF THE SCREENING PROCESS, A FINANCIAL ASSISTANCE APPLICATION IS COMPLETED ON BEHALF OF THE PATIENT AND ELIGIBLE PATIENTS ARE NOTIFIED OF THEIR STATUS OF FINANCIAL ASSISTANCE AS EACH APPLICATION IS PROCESSED WE ALSO UTILIZE A MEDICAID ELIGIBILITY VENDOR TO ASSIST PATIENTS IN APPLYING FOR MEDICAID OR OTHER GOVERNMENT PROGRAMS FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY FINANCIAL ASSISTANCE APPLICATION ARE LOCATED AT <a href="http://www.emoryhealthcare.org/patients-visitors/financial-assistance.html">HTTP //WWW EMORYHEALTHCARE ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE HTML</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION FOR THE PURPOSE OF SAINT JOSEPH'S HOSPITAL OF ATLANTA'S (SJHA) COMMUNITY HEALTH NEEDS ASSESSMENT, SJHA'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH 75% OF SJHA'S INPATIENT ADMISSIONS ORIGINATE SJHA'S PRIMARY SERVICE AREA INCLUDES DEKALB, FULTON, GWINNETT, AND COBB COUNTIES IN GEORGIA FOR THE PURPOSE OF EMORY JOHNS CREEK HOSPITAL'S (EJCH) COMMUNITY HEALTH NEEDS ASSESSMENT, EJCH'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH 75% OF EJCH'S INPATIENT ADMISSIONS ORIGINATE EJCH'S PRIMARY SERVICE AREA INCLUDES EIGHTEEN ZIP CODES IN NORTH FULTON, FORSYTH, AND GWINNETT COUNTIES IN GEORGIA

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH FOR MORE INFORMATION PLEASE SEE "COMMUNITY" AS FOUND AT <a href="http://www.emoryhealthcare.org/about/community.html">HTTP //WWW EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM EMORY HEALTHCARE IS THE CLINICAL ENTERPRISE OF THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER OF EMORY UNIVERSITY, WHICH FOCUSES ON PATIENT CARE, EDUCATION OF HEALTH PROFESSIONALS, RESEARCH ADDRESSING HEALTH AND ILLNESS, AND HEALTH POLICIES FOR PREVENTION AND TREATMENT OF DISEASE A KEY COMPONENT OF THE WOODRUFF HEALTH SCIENCES CENTER IS THE EMORY UNIVERSITY SCHOOL OF MEDICINE, WHICH HAS BEEN AT THE FOREFRONT OF MEDICAL KNOWLEDGE AND RESEARCH, PIONEERING MANY ADVANCES AND PROCEDURES THAT HAVE CHANGED THE FACE OF MEDICAL HISTORY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3J AND LINE 5	<p>COMMUNITY HEALTH NEEDS ASSESSMENT - INPUT FROM COMMUNITY To understand the needs of the community we serve, a Community Health Needs Assessment was conducted using quantitative data (e g , demographics data, mortality rates, morbidity data, disease prevalence rates, health care resource data, etc ) and input from stakeholders representing the broad interest of our community (e g , individuals with special knowledge of public health, the needs of the underserved, low-income, and minority populations, the needs of populations with chronic diseases, etc )</p> <p>COMMUNITY STAKEHOLDER INTERVIEWS A KEY COMPONENT IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IS GATHERING INPUT FROM THE COMMUNITY STAKEHOLDERS THESE STAKEHOLDERS INCLUDED A MIX OF INTERNAL AND EXTERNAL REPRESENTATIVES OF PASTORS, PUBLIC HEALTH OFFICIALS, HEALTH CARE PROVIDERS, SOCIAL SERVICE AGENCY REPRESENTATIVES, GOVERNMENT LEADERS, AND BOARD MEMBERS DUE TO THEIR PROFESSION, TENURE, AND/OR COMMUNITY INVOLVEMENT, COMMUNITY STAKEHOLDERS OFFER DIVERSE PERSPECTIVES AND INFORMATION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT THEY ARE INDIVIDUALS AT THE FRONT LINE AND BEYOND THAT CAN BEST IDENTIFY UNMET SOCIAL AND HEALTH NEEDS OF THE COMMUNITY INTERVIEWS WITH SEVENTEEN REPRESENTATIVES FROM ORGANIZATIONS AND ONE FOCUS GROUP WERE CONDUCTED BY THE WOODRUFF HEALTH SCIENCES CENTER STRATEGIC PLANNING OFFICE FOR MORE INFORMATION SEE APPENDIX B OF EACH COMMUNITY HEALTH NEEDS ASSESSMENT AT <a href="http://www.emoryhealthcare.org/about/community.html">HTTP //WWW EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</a></p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A AND LINE 6B	COMMUNITY HEALTH NEEDS ASSESSMENT - HOSPITALS INCLUDED THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR HOSPITALS INCLUDED IN THE EMORY GROUP RETURN WERE CONDUCTED BY THE WOODRUFF HEALTH SCIENCES CENTER STRATEGIC PLANNING OFFICE THE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS FOR ADDITIONAL OPERATING UNITS AND AFFILIATES OF EMORY HEALTHCARE INCLUDED EMORY UNIVERSITY HOSPITAL EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL EMORY UNIVERSITY HOSPITAL MIDTOWN EMORY UNIVERSITY HOSPITAL SMYRNA EMORY REHABILITATION HOSPITAL

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7D	COMMUNITY HEALTH NEEDS ASSESSMENT - AVAILABLE TO PUBLIC THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS MADE WIDELY AVAILABLE TO THE COMMUNITY AND SHARED WITH ORGANIZATIONS INCLUDING GEORGIA DEPARTMENT OF COMMUNITY HEALTH, GEORGIA DEPARTMENT OF PUBLIC HEALTH, ROLLINS SCHOOL OF PUBLIC HEALTH, AMERICAN CANCER SOCIETY, UNITED WAY OF GREATER ATLANTA, SAINT JOSEPH'S MERCY CARE SERVICES, VISITING NURSE HEALTH SYSTEMS, VISTACARE HOSPICE, GWINNETT SEXUAL ASSAULT CENTER & CHILDREN'S ADVOCACY CENTER, GOOD SHEPHERD CLINIC, THE DRAKE HOUSE, DEKALB COMMUNITY SERVICE BOARD, CITY OF JOHN'S CREEK POLICE DEPARTMENT, CLAYTON COUNTY BOARD OF HEALTH, AREA AGENCY ON AGING WITH ATLANTA REGIONAL COMMISSION, AND ADDITIONAL GROUPS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART V, LINE 11	DURING FISCAL YEAR 2016, Emory Healthcare conducted community health needs assessments (CHNAs) to assess the needs of the communities served by our hospitals. Using the reports, each hospital identified priority health needs for its community and developed strategies to address actionable ways in which we plan to aid those within our community. Through these strategies, it was and continues to be our goal to improve the health and well-being of our community members, while continually delivering optimal care to our patients. Since FISCAL YEAR 2016, Emory Healthcare has sought to address all the needs identified in the FISCAL YEAR 2016 CHNAs through a variety of actions. The FISCAL YEAR 2016 CHNAs include an assessment of progress made on the 2013 implementation strategy plans developed by each hospital. SEE FURTHER DETAILS AT <a href="http://www.emoryhealthcare.org/about/community.html">HTTP //WWW EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</a>

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0790361

**Name:** EMORY GROUP RETURN

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u>											
Name, address, primary website address, and state license number											
1	SAINT JOSEPH'S HOSPITAL OF ATLANTA 5673 PEACHTREE DUNWOODY ROAD ATLANTA, GA 303421701 www.emoryhealthcare.org 060-159	X	X				X	X			
2	EMORY JOHNS CREEK HOSPITAL 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 www.emoryhealthcare.org 060-631	X	X		X		X	X			

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

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

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

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

Name and address	Type of Facility (describe)
Emory at Acworth 4769 South Main Street Acworth, GA 30101	Clinic Center
Emory at Acworth 4791 S Main St Units 100 110 120 Acworth, GA 30101	Clinic Center
Emory Dialysis Center at Northside 610 Northside Drive Atlanta, GA 30318	Clinic Center
Emory Heart & Vascular Center 5665 Peachtree Dunwoody Road Atlanta, GA 30342	Clinic Center
Emory Dialysis at Greenbriar 2841 Greenbriar Prkwy Atlanta, GA 30331	Clinic Center
Emory Orthopaedics and Spine 59 Executive Park South Atlanta, GA 30329	Clinic Center
Emory Aesthetic Center 3200 Downwood Circle Atlanta, GA 30327	Clinic Center
Emory Clinic 5671 Peachtree Dunwoody Rd Atlanta, GA 30342	Clinic Center
Emory Brain Health & Sleep Center 12 Executive Park Drive NE Atlanta, GA 30324	Clinic Center
Emory Clinic 5673 Peachtree Dunwoody Rd Suite 6 Atlanta, GA 30342	Clinic Center
Emory Clinic 5673 Peachtree Dunwoody Rd Suite 3 Atlanta, GA 30342	Clinic Center
Emory Clinic 5673 Peachtree Dunwoody Rd Suite 5 Atlanta, GA 30342	Clinic Center
Emory at St Joseph's Pulmonary Med 5673 Peachtree Dunwoody Rd Suite 52 Atlanta, GA 30342	Clinic Center
Emory Clinic 1365 Clifton Road Building A Atlanta, GA 30322	Clinic Center
Emory Clinic 1365 Clifton Road Building B Atlanta, GA 30322	Clinic Center

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

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

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

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

Name and address	Type of Facility (describe)
Emory Clinic 1365 Clifton Road Building C Atlanta, GA 30322	Clinic Center
Emory Clinic 1525 Clifton Road 1525 Building Atlanta, GA 30322	Clinic Center
Emory Clinic 550 Peachtree St Medical Office To Atlanta, GA 30308	Clinic Center
Emory Women's Center 5673 Peachtree Dunwoody Rd Suite 7 Atlanta, GA 30342	Clinic Center
Emory Heart & Vascular Center 1400 Wellbrook Circle Conyers, GA 30207	Clinic Center
Emory at Covington Hospital Drive 4181 Hospital Drive Covington, GA 30014	Clinic Center
Emory Heart & Vascular Center 634 Peachtree Parkway Cumming, GA 30041	Clinic Center
Emory at Cumming 610 Peachtree Parkway Suite 100 Cumming, GA 30041	Clinic Center
EMORY DIALYSIS CENTER AT DECATUR 2165 N Decatur Road Decatur, GA 30030	Clinic Center
Emory Heart & Vascular Center 2801 North Decatur Road Decatur, GA 30033	Clinic Center
Emory Dialysis Center at Candler 2726 Candler Road Decatur, GA 30034	Clinic Center
EMORY COORDINATED CARE CENTER 484 Irvin Court Decatur, GA 30030	Clinic Center
Emory at Duluth Heart & Vascular 4245 Pleasant Hill Road Duluth, GA 30096	Clinic Center
Emory at Sugarloaf 1845 Satellite Blvd Duluth, GA 30097	Clinic Center
EMORY CLINIC ORTHOPAEDICS & ASC 4555 North Shallowford Road Dunwoody, GA 30338	Clinic Center

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

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

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

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

Name and address	Type of Facility (describe)
Emory at Dunwoody 4500 North Shallowford Road Dunwoody, GA 30338	Clinic Center
Emory at Dunwoody Family Practice 1776 Old Spring House Lane Suite 2 Dunwoody, GA 30338	Clinic Center
Emory at Fayetteville Heart & Vascular 115 Sumner Road Fayetteville, GA 30214	Clinic Center
Emory Heart & Vascular Center 6335 Hospital Parkway Suite 110 Johns Creek, GA 30097	Clinic Center
Emory Clinic Orthopaedics Sports & Spine 6335 Hospital Pkwy Suites 301302 Johns Creek, GA 30097	Clinic Center
EMORY CLINIC 6335 Hospital Parkway Suite 203 Johns Creek, GA 30097	Clinic Center
Emory at LaGrange Ambulatory Surgery 1805 Vernon Road LaGrange, GA 30240	Clinic Center
Emory at LaGrange Davis Road 380 South Davis Road Suites E F LaGrange, GA 30241	Clinic Center
Emory at LaGrange Smith Street 303 Smith Street LaGrange, GA 30240	Clinic Center
SOUTHERN CENTER FOR ORTHOPAEDICS 1801 Vernon Road LaGrange, GA 30240	Clinic Center
EMORY HEART & VASCULAR CENTER 5461 Hillandale Drive Lithonia, GA 30058	Clinic Center
Emory at Locust Grove Heart & Vascular 4851 Bill Gardner Pkwy Locust Grove, GA 30248	Clinic Center
Emory Women's Heart Center 137 Johnson Ferry Road Marietta, GA 30068	Clinic Center
Emory at East Cobb 137 Johnson Ferry Road Marietta, GA 30068	Clinic Center
Emory at McDonough 259 Jonesboro Road McDonough, GA 30253	Clinic Center

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

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

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

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

Name and address	Type of Facility (describe)
EUHM Imaging Center at McDonough 249 Jonesboro Road McDonough, GA 30253	Clinic Center
Emory at Peachtree City 3000 Shakerag Hill Peachtree City, GA 30269	Clinic Center
Emory at Riverdale 6507 Professional Place Riverdale, GA 30274	Clinic Center
Emory at Roswell 1400 Hembree Rd Roswell, GA 30076	Clinic Center
Emory at Sharpsburg 3345 E Highway 34 Suite 101 Sharpsburg, GA 30277	Clinic Center
Emory at Snellville 1608 Tree Lane Snellville, GA 30078	Clinic Center
Emory at Stockbridge Highway 138 3579 Highway 138 Stockbridge, GA 30281	Clinic Center
EMORY AT STOCKBRIDGE HEART & VASCULAR 1050 EAGLES LANDING PKWY SUITE 101 Stockbridge, GA 30281	Clinic Center
Emory at Eagles Landing 1050 Eagles Landing Pkwy SUITE 20 Stockbridge, GA 30281	Clinic Center
Emory at Suwanee 345 Peachtree Industrial Blvd Suwanee, GA 30024	Clinic Center
Emory Heart & Vascular CENTER 401 Permian Way Villa Rica, GA 30180	Clinic Center
Emory at West Point 1610 E 10th Street West Point, GA 31833	Clinic Center
EMORY ORTHOPAEDICS & SPINE CENTER 57 EXECUTIVE PARK SOUTH ATLANTA, GA 30329	CLINIC CENTER
EMORY AT SAINT JOSEPH'S PRIMARY CARE 5673 PEACHTREE DUNWOODY Rd NE Suit ATLANTA, GA 30342	CLINIC CENTER
EMORY CLINIC 1845 Satellite Blvd SUITE 600 DULUTH, GA 30094	CLINIC CENTER



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

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

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

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

Name and address	Type of Facility (describe)
EMORY AT AVALON 2795 OLD MILTON PARKWAY ALPHARETTA, GA 30004	CLINIC CENTER
EMORY AT BUFORD 3276 BUFORD DRIVE BUFORD, GA 30519	CLINIC CENTER
EMORY HEART & VASCULAR CENTER 110 SOUTH MAIN STREET HIAWASSEE, GA 30546	CLINIC CENTER
EMORY AT SMYRNA 3903 SOUTH COBB DRIVE SUITE 120 SMYRNA, GA 30080	CLINIC CENTER
EMORY AT TUCKER 1459 MONTREAL ROAD SUITE 305 TUCKER, GA 30084	CLINIC CENTER
EMORY CLINIC (HARKIN ROSWELL) 1570 HOLCOMB BRIDGE ROAD ROSWELL, GA 30076	CLINIC CENTER
EMORY AT OLD FOURTH WARD 740 RALPH MC GILL BLVD NE ATLANTA, GA 30312	CLINIC CENTER
EMORY AT PEACHTREE HILLS 2200 PEACHTREE HILLS NW ATLANTA, GA 30309	CLINIC CENTER
EMORY CLINIC 5671 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342	CLINIC CENTER
EMORY CLINIC 5671 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342	CLINIC CENTER
EMORY CLINIC (HARKEN BROOKHAVEN) 705 TOWN BOULEVARD ATLANTA, GA 30219	CLINIC CENTER
EMORY CLINIC (HARKEN AUSTELL) 1850 EAST WEST CONNECTOR AUSTELL, GA 30106	CLINIC CENTER
EMORY SPORTS COMPLEX 1968 HAWKS WAY SUITE B ATLANTA, GA 30329	CLINIC CENTER
EMORY CLINIC ORTHOPAEDICSSPORTS & SPINE 1567 MILSTEAD ROAD SUITE B CONYERS, GA 30012	CLINIC CENTER
EMORY CLINIC (HARKEN DECATUR) 158 PONCE DE LEON AVENUE DECATUR, GA 30308	CLINIC CENTER

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

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

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

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

Name and address	Type of Facility (describe)
EMORY CLINIC (HARKEN DULUTH) 3780 OLD NORCROSS ROAD DULUTH, GA 30096	CLINIC CENTER
EMORY CLINIC 6300 HOSPITAL PKWY SUITE 145 JOHNS CREEK, GA 30097	CLINIC CENTER
EMORY CLINIC 6335 HOSPITAL PKWY SUITE 115 JOHNS CREEK, GA 30097	CLINIC CENTER
EMORY AMBULATORY SURG CTR 7813 SPIVEY STATION BLVD SUITE 100 JONESBORO, GA 30236	CLINIC CENTER
EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 230 JONESBORO, GA 30236	CLINIC CENTER
EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 100 JONESBORO, GA 30236	CLINIC CENTER
EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 200 JONESBORO, GA 30236	CLINIC CENTER
EMORY ORTHOPAEDICS & SPINE CENTER 7813 SPIVEY STATION BLVD SUITE 220 JONESBORO, GA 30236	CLINIC CENTER
EMORY CLINIC (HARKEN EAST COBB) 2100 ROSWELL ROAD MARIETTA, GA 30062	CLINIC CENTER
EMORY AT BELMONT 1060 WINDY HILL ROAD SE SMYRNA, GA 30080	CLINIC CENTER
EMORY CLINIC 3903 SOUTH COBB DRIVE SUITE 275 SMYRNA, GA 30080	CLINIC CENTER
EMORY HEART & VASCULAR CENTER 3903 SOUTH COBB DRIVE SUITE 110 SMYRNA, GA 30080	CLINIC CENTER
EMORY COORDINATED CARE CENTER 3515 HIGHWAY 138 SE STOCKBRIDGE, GA 30281	CLINIC CENTER

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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.

**2015**  
Open to Public Inspection

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

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes								
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	4a	Yes								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
<b>c</b> 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.	4c	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	5a	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	6a	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 90-0790361  
**Name:** EMORY GROUP RETURN

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL FOR ALL OFFICERS, DIRECTORS AND EMPLOYEES FIRST CLASS TRAVEL IS NOT ALLOWED UNLESS IT IS THE ONLY SEAT AVAILABLE ON A REQUIRED FLIGHT OR IS A MEDICAL NECESSITY FOR THE EMPLOYEE

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES EMORY PROVIDES CERTAIN EXECUTIVES WITH TAXABLE COMPENSATION TO REIMBURSE THE EXPENSE OF MEMBERSHIP DUES AND APPROPRIATE INITIATION FEES FOR A SOCIAL OR COUNTRY CLUB USED FOR EMORY BUSINESS ENTERTAINMENT PURPOSES CLUB DUES CLAIRE STERK \$3,150

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4B	NON-QUALIFIED RETIREMENT PLAN CERTAIN EMORY EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PLAN INTENDED TO MAKE UP FOR LIMITS ON COMPENSATION IN THE QUALIFIED RETIREMENT PLAN PETER BARNES \$32,670 STEPHEN D SENCER \$29,025 CLAIRE STERK \$66,150



## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 3	CEO/EXECUTIVE DIRECTOR COMPENSATION SEE SCHEDULE O DISCLOSURE ON DETERMINATION OF COMPENSATION

**Part III, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE J, PART II, COLUMN C AND COLUMN F	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN FOR PURPOSES OF RETENTION, EMORY MADE CONTRIBUTIONS TO 457 (F) DEFERRED COMPENSATION ACCOUNTS FOR THE FOLLOWING INDIVIDUALS, WHICH ARE NOT VESTED AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE WALTER J CURRAN, MD \$75,000 BRYCE GARTLAND, MD \$62,250 HEATHER DEXTER \$51,000 DANE PETERSON \$91,500 CLAIRE STERK \$96,750 THE FOLLOWING INDIVIDUAL RECEIVED A PAYOUT OF VESTED DEFERRED COMPENSATION AWARDS MADE DURING PRIOR YEARS THESE AWARDS WERE REPORTED AS DEFERRED COMPENSATION IN THOSE YEARS ON FORM 990 DANE PETERSON \$67,406

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII AND SCHEDULE J, PART II COLUMN A	TITLES S WRIGHT CAUGHMAN, MD FORMER BOARD MEMBER (ECC,EHC,TEC,EI,EMCF) JOHN T FOX FORMER BOARD MEMBER (ECC,EHC,TEC,ESJ) MICHAEL M E JOHNS, MD FORMER BOARD MEMBER (TEC,WWC,ECC,EHC,EI) JONATHAN LEWIN, MD EVP HEALTH AFFAIRS EXECUTIVE DIRECTOR WOODRUFF HEALTH SCIENCES CENTER PRESIDENT, CEO AND CHAIRMAN OF THE BOARD OF EMORY HEALTHCARE BOARD MEMBER (ECC,EI,EHC,TEC) MICHAEL J MANDL FORMER BOARD MEMBER (EHC,EI,ESJ) FORMER OFFICER (ESJ)

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4A	Michael J Mandl, Emory University's former Executive Vice President for Business and Administration, received a payment of \$2 million for achievement of certain performance objectives and as severance pay in connection with the termination of his employment on August 31, 2016. He also received a payment of \$106,615 for unused vacation at the time of termination, in addition to his salary and benefits for the eight months he was employed by Emory University in calendar 2016.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1 WAYNE ALEXANDER MD FORMER BD MEM (EMCF)	(i)	0	0	691	0	2,683	3,374	0
	(ii)	68,959	0	136	6,300	-	-	0
						936	76,331	
1 MICHAEL ANDRECHAK OFFICER (EI) - TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	307,108	0	0	23,850	-	-	0
						15,640	346,598	
2 LAURA ASPEY MD BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	177,005	5,459	0	16,215	-	-	0
						13,867	212,546	
3 PETER BARNES BD MEM (EHC, EI)	(i)	0	0	0	0	0	0	0
	(ii)	494,817	50,000	32,670	23,850	-	-	0
						8,685	610,022	
4 DANIEL L BARROW MD FORMER BD MEM (EMCF)	(i)	720,900	304,253	30,469	0	14,664	1,070,286	0
	(ii)	235,356	0	396	28,007	-	-	0
						4,764	268,523	
5 JEFF BAXTER SEC (EHC,ESJ,SJHA)	(i)	0	0	0	0	0	0	0
	(ii)	236,373	0	600	20,351	-	-	0
						20,605	277,929	
6 JENNIFER BLAKELY SECRETARY (TEC)	(i)	0	0	0	0	0	0	0
	(ii)	178,645	2,000	0	16,388	-	-	0
						13,660	210,693	
7 FRANK W BROWN MD BD MEMBER (WWC)	(i)	63,886	21,778	2,587	0	0	88,251	0
	(ii)	200,531	0	3,514	22,701	-	-	0
						438	227,184	
8 DONALD I BRUNN FORMER BD MEM (TEC,ECC)	(i)	471,845	261,067	54,170	18,550	19,454	825,086	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9 TIMOTHY BUCHMAN MD FORMER BD MEM (EHC)	(i)	512,524	51,381	29,234	0	10,683	603,822	0
	(ii)	16,952	0	396	29,950	-	-	0
						5,943	53,241	
10 DAVID T BURKE MD FORMER BD MEM (EMCF)	(i)	145,320	23,880	8,625	0	14,751	192,576	0
	(ii)	194,620	0	396	28,020	-	-	0
						5,880	228,916	
11 GRANT W CARLSON MD FORMER BD MEM (TEC)	(i)	523,180	35,368	18,457	0	9,826	586,831	0
	(ii)	62,086	0	396	24,035	-	-	0
						5,576	92,093	
12 JANE JORDAN CASAVANT FORMER SEC (EHC,ESJ,TEC,SJHA)	(i)	0	0	0	0	0	0	0
	(ii)	244,440	0	0	22,498	-	-	0
						15,161	282,099	
13 S WRIGHT CAUGHMAN MD SEE SCH J PART III	(i)	277,726	0	36,024	0	10,948	324,698	0
	(ii)	696,483	0	2,857	29,950	-	-	0
						4,872	734,162	
14 CARLA CHANDLER BD MEMBER (WWC)	(i)	0	80,237	30	0	12,913	93,180	0
	(ii)	270,300	0	252	15,396	-	-	0
						7,012	292,960	
15 JUNE CONNOR BD MEMBER (WWC)	(i)	0	70,705	30	0	8,326	79,061	0
	(ii)	237,291	125,000	1,637	10,874	-	-	0
						1,368	376,170	
16 WALTER J CURRAN MD FORMER BD MEM (EMCF)	(i)	251,900	145,920	30,976	0	15,150	443,946	0
	(ii)	882,640	0	1,524	104,243	-	-	0
						4,152	992,559	
17 SCOTT DAVIS JR MD BD MEMBER (TEC)	(i)	290,058	21,479	11,505	0	20,568	343,610	0
	(ii)	0	0	12	21,725	-	-	0
						204	21,941	
18 CARLOS DEL RIO MD BD MEMBER (EMCF)	(i)	2,123	3,980	1,814	0	10,825	18,742	0
	(ii)	369,065	25,000	258	24,338	-	-	0
						2,970	421,631	
19 HEATHER DEXTER BD MEMBER (SJHA) CEO	(i)	331,843	192,454	1,827	69,550	33,030	628,704	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM ELEY MD FORMER BD MEM (EMCF)	(i)	14,479	2,500	1,894	0	11,841	30,714	0
	(ii)	345,410	0	258	23,305	4,069	373,042	0
1 GREG ESPER MD FORMER BD MEM (TEC)	(i)	301,989	62,521	16,479	0	14,217	395,206	0
	(ii)	47,038	0	48	24,122	10,809	82,017	0
2 BRYCE GARTLAND MD BD MEMBER (WWC)	(i)	4,880	243,783	30	62,250	17,294	328,237	0
	(ii)	402,067	0	9,063	18,661	5,460	435,251	0
3 SUSAN GRANT FORMER BD MEM (WWC)	(i)	0	0	23,133	0	5	23,138	0
	(ii)	0	0	0	0	0	0	0
4 DAVID MARSHALL GUIDOT MD BD MEMBER (EHC)	(i)	21,469	13,090	1,821	0	642	37,022	0
	(ii)	136,507	42,570	258	14,026	217	193,578	0
5 MAUREEN HALDEMAN INTERIM COO (TEC)	(i)	388,140	47,078	608	15,900	20,684	472,410	0
	(ii)	0	0	0	0	0	0	0
6 LEON HALEY JR BD MEMBER (EMCF)	(i)	6,000	0	1,175	0	15,179	22,354	0
	(ii)	461,963	34,951	138	24,330	9,306	530,688	0
7 RICHARD HANSEN MD BD MEMBER (ESJ)	(i)	331,283	0	970	6,585	10,079	348,917	0
	(ii)	0	0	0	0	0	0	0
8 JAMES T HATCHER TREASURER (ESJ)	(i)	473,139	285,695	44,467	18,550	17,188	839,039	0
	(ii)	0	0	0	0	0	0	0
9 KATHERINE L HEILPERN MD BD MEMBER (EMCF)	(i)	282,412	97,646	29,518	0	10,872	420,448	0
	(ii)	312,512	0	258	28,649	3,634	345,053	0
10 LAUREN HILL MD BD MEMBER (EMCF)	(i)	464,293	52,121	24,345	0	7,261	548,020	0
	(ii)	197,326	0	258	27,967	1,532	227,083	0
11 IRA HOROWITZ MD BD MEM (EMCF,EHC,TEC)	(i)	237,589	97,282	26,198	0	15,028	376,097	0
	(ii)	411,143	0	1,800	27,034	8,138	448,115	0
12 LUCKY JAIN MD BD MEM (EMCF,ECC)	(i)	302,616	5,653	2,580	23,850	8,952	343,651	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL M E JOHNS MD SEE SCH J PART III	(i)	69,231	0	0	0	9,669	78,900	0
	(ii)	134,342	0	5,071	17,116	5,260	161,789	0
14 LYNN JOHNSON FORMER SEC TREASURER (WWC)	(i)	201,476	38,320	3,233	14,331	14,134	271,494	0
	(ii)	0	0	0	0	0	0	0
15 THEODORE JOHNSON MD BD MEMBER (EHC)	(i)	144,000	26,899	982	0	1,035	172,916	0
	(ii)	201,029	0	738	26,781	29,245	257,793	0
16 YOUSUF KHALIFA MD BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	315,090	9,074	60	22,075	21,575	367,874	0
17 CHRISTIAN P LARSEN MD BD MEM (EHC,EMCF,TEC)	(i)	318,294	513,181	44,673	0	13,089	889,237	0
	(ii)	583,309	0	39,999	39,539	5,738	668,585	0
18 THOMAS J LAWLEY MD FORM BD MEM (EHC,ECC,EMCF,TEC)	(i)	0	0	0	0	0	0	0
	(ii)	434,922	0	25,064	29,800	15,635	505,421	0
19 ANGEL LEON MD FORMER BD MEM (EHC)	(i)	486,752	16,039	19,157	0	9,794	531,742	0
	(ii)	93,932	0	258	24,696	3,274	122,160	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
41ALLAN I LEVEY MD BD MEMBER (EMCF)	(i)	110,000	101,734	9,256	0	15,179	236,169	0
	(ii)	539,540	1,500	396	29,950	-	-	0
1JONATHAN S LEWIN MD SEE SCH J PART III	(i)	577,079	495,167	64,299	0	13,914	1,150,459	0
	(ii)	569,417	50,000	68,958	23,850	-	-	0
2SAGAR LONIAL MD BD MEMBER (EHC)	(i)	315,603	72,787	21,171	0	1,145	410,706	0
	(ii)	203,820	0	90	28,148	-	-	0
3CATHERINE MALONEY BD MEMBER (WWC)	(i)	0	59,964	30	0	1,933	61,927	0
	(ii)	196,251	0	1,442	12,144	-	-	0
4MICHAEL J MANDL SEE SCH J PART III	(i)	0	0	0	0	0	0	0
	(ii)	717,624	0	2,000,000	23,850	-	-	0
5DOUGLAS E MATTOX MD FORMER BD MEM (EMCF)	(i)	455,699	50,444	22,952	0	14,378	543,473	0
	(ii)	107,686	0	762	25,469	-	-	0
6LIZ MC CARTY SEC TREASURER (ECC)	(i)	0	0	0	0	0	0	0
	(ii)	218,562	17,131	50	19,800	-	-	0
7GERARD MC GORISK MD BD MEMBER (TEC)	(i)	365,183	146,036	12,180	21,695	19,757	564,851	0
	(ii)	0	0	0	0	-	-	0
8ANNE MARIE MC KENZIE- BROWN BD MEMBER (EHC)	(i)	331,267	14,025	14,241	21,725	19,859	401,117	0
	(ii)	0	0	0	0	-	-	0
9CAROLYN MELTZER MD BD MEM (TEC,EMCF)	(i)	432,265	54,898	29,518	0	11,029	527,710	0
	(ii)	261,474	0	258	29,950	-	-	0
10BROOKE MOORE BD MEMBER (TEC)	(i)	251,915	50,465	2,395	14,267	17,842	336,884	0
	(ii)	0	0	0	0	-	-	0
11DOUGLAS C MORRIS MD BD MEMBER (ESJ)	(i)	587,156	0	259,418	0	9,870	856,444	0
	(ii)	22,703	0	725	21,740	-	-	0
12DOUGLAS MURPHY MD FORMER BD MEM (SJHA)	(i)	720,067	110,000	15,069	0	19,337	864,473	0
	(ii)	0	0	152	21,740	-	-	0
13GRAYSON NORQUIST BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	264,605	10,282	0	23,850	-	-	0
14ADEDAP ODETOYINBO MD BD MEMBER (ESJ)	(i)	282,779	55,647	11,629	0	11,166	361,221	0
	(ii)	0	0	618	21,862	-	-	0
15TIMOTHY OLSEN MD FORM BD MEM (TEC,EMCF)	(i)	203,400	0	18,920	0	1,592	223,912	0
	(ii)	461,573	0	738	29,950	-	-	0
16SHERVIN OSKOU EI MD PHYSICIAN	(i)	878,172	797,670	14,630	0	19,337	1,709,809	0
	(ii)	0	0	12	21,740	-	-	0
17TRISTRAM G PARSLOW MD FORM BD MEM (EMCF)	(i)	277,200	97,999	30,976	0	11,073	417,248	0
	(ii)	270,855	0	396	27,544	-	-	0
18DANE PETERSON BD MEMBER (ESJ)	(i)	614,097	375,557	37,493	107,400	32,654	1,167,201	67,406
	(ii)	1,000	0	0	0	-	-	0
19SURESH RAMALINGHAM MD BD MEMBER (EHC)	(i)	198,126	22,226	11,994	0	1,319	233,665	0
	(ii)	237,689	25,000	690	27,506	-	-	0
					26,959	317,844		

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 MARK RAPAPORT MD FORMER BD MEM (EMCF)	(i)	164,562	0	13,625	0	15,179	193,366	0
	(ii)	486,381	2,700	396	29,950	-	-	0
1 DAN REFAI MD PHYSICIAN	(i)	824,587	741,424	11,505	0	24,007	1,601,523	0
	(ii)	0	0	12	21,635	-	-	0
2 WILLIAM REISMAN MD BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	508,068	72,385	0	23,850	-	-	0
3 JOHN M RHEE MD PHYSICIAN	(i)	1,079,401	950,815	11,775	0	18,971	2,060,962	0
	(ii)	0	0	18	21,710	-	-	0
4 CHAD RITENOUR MD FORMER BD MEM (EMCF)	(i)	37,467	65,694	8,664	0	5,888	117,713	0
	(ii)	351,614	10,000	724	23,052	-	-	0
5 JAMES ROBERSON MD FORMER BD MEM (EMCF)	(i)	605,006	440,611	20,714	0	10,633	1,076,964	0
	(ii)	180,730	0	762	25,847	-	-	0
6 ROBIN RUTHERFORD FORMER BD MEM (TEC)	(i)	395,836	0	13,611	0	14,034	423,481	0
	(ii)	0	0	79	21,590	-	-	0
7 MARTIN G SANDA MD FORMER BD MEM (EMCF)	(i)	334,316	46,950	29,518	0	15,006	425,790	0
	(ii)	247,716	0	258	29,621	-	-	0
8 JEN SCHUCK BD MEMBER (WWC)	(i)	160,805	71,790	282	11,352	9,157	253,386	0
	(ii)	0	0	0	0	-	-	0
9 STEPHEN D SENCER BD MEMBER (EI)	(i)	0	0	0	0	0	0	0
	(ii)	534,256	25,000	29,625	23,850	-	-	0
10 MELINDA SIMON SECRETARY (EI)	(i)	0	0	0	0	0	0	0
	(ii)	195,096	0	500	17,948	-	-	0
11 CHARLES STALEY MD FORMER BD MEM (TEC)	(i)	358,517	43,797	14,432	0	14,148	430,894	0
	(ii)	56,869	0	236	23,945	-	-	0
12 DAVID STEPHENS MD BD MEM (EMCF,EHC,ECC,TEC)	(i)	189,300	53,171	18,877	0	0	261,348	0
	(ii)	507,533	0	1,524	29,950	-	-	0
13 CLAIRE STERK FORMER BD MEM (EI)	(i)	0	0	0	0	0	0	0
	(ii)	759,167	0	230,550	120,600	-	-	0
14 JOHN F SWEENEY MD BD MEMBER (EMCF)	(i)	598,875	62,260	21,311	0	14,740	697,186	0
	(ii)	190,507	0	258	27,965	-	-	0
15 ROBERT ANDREW SWERLICK MD BD MEMBER (TEC)	(i)	88,159	72,966	4,101	0	10,579	175,805	0
	(ii)	197,255	0	396	25,315	-	-	0
16 JOHN T TILLMAN OFFICER (EI) - PRESIDENT	(i)	80,747	0	0	0	10,105	90,852	0
	(ii)	145,870	77,004	0	20,763	-	-	0
17 JOHN VAZQUEZ MD BD MEMBER (TEC)	(i)	261,564	21,018	11,131	0	19,568	313,281	0
	(ii)	0	0	12	21,740	-	-	0
18 WENDY WRIGHT MD BD MEMBER (EHC)	(i)	325,114	16,679	11,505	0	4,224	357,522	0
	(ii)	0	0	312	21,695	-	-	0
19 JOHN XEROGEANES MD PHYSICIAN	(i)	681,131	557,179	12,153	0	20,168	1,270,631	0
	(ii)	0	0	28	21,650	-	-	0
					188		21,866	



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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>8</b> SANGWOOK TIM YOON MD PHYSICIAN	(i)	770,168	543,991	12,153	0	11,166	1,337,478	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	628	21,620	-	-	0
						16,745	38,993	
<b>1</b> STUART ZOLA BD MEMBER (EI)	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	208,564	0	0	18,831	-	-	0
						693	228,088	

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 EMORY GROUP RETURN

Employer identification number  
 90-0790361

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900TB3	04-19-2007	93,515,000	SEE PART VI	X			X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	30,000			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	93,515,000			
4 Gross proceeds in reserve funds . . . . .	0			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	0			
7 Issuance costs from proceeds . . . . .	953,899			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	0			
11 Other spent proceeds . . . . .	92,561,101			
12 Other unspent proceeds . . . . .	0			
13 Year of substantial completion . . . . .	1998			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .	X			
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .								
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .								

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %						
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	SEE PART VI							
<b>c</b> Term of hedge . . . . .		2160 %						
<b>d</b> Was the hedge superintegrated? . . . . .	X							
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X							
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	THE SERIES 2007 BONDS WERE ISSUED TO ADVANCE REFUND THE SERIES 1998 BONDS WHICH MEANS THAT THE GROSS PROCEEDS WERE INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD HOWEVER, THIS IS NOT AN ISSUE BECAUSE THE PROCEEDS WERE YIELD RESTRICTED

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART IV, LINE 4B	MERRILL LYNCH CAPITAL SERVICES, INC

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART IV, LINE 2C	APRIL 19, 2017

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EMORY GROUP RETURN

**Employer identification number**

90-0790361

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0790361

**Name:** EMORY GROUP RETURN

## Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM CASTLE	FAMILY MEM OF BD MEMBER	97,776	EMPLOYEE		No
JOHN LAWLEY	FAMILY MEM OF FORM BD MEM	141,770	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LESLIE LAWLEY MD	FAMILY MEM OF FORM BD MEM	197,493	EMPLOYEE		No
MEGAN LAWLEY	FAMILY MEM OF FORM BD MEM	64,997	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID GOLDSMITH	FAMILY MEM OF FORM BD MEM	182,229	EMPLOYEE		No
CULLEN D MORRIS MD	FAMILY MEM OF BD MEMBER	375,554	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CAROLYN KATZEN MD	FAMILY MEM OF FORM BD MEM	92,021	EMPLOYEE		No
GREGORY H CASARELLA	FAMILY MEM OF FORM BD MEM	19,641	EMPLOYEE		No

<b>Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons</b>					
<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
SHABNAM JAIN	FAMILY MEM OF BD MEMBER	284,714	EMPLOYEE		No
KATHLEEN STEPHENS	FAMILY MEM OF BD MEMBER	85,936	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARY BALL	FAMILY MEM OF BD MEMBER	49,175	EMPLOYEE		No
EMILY BARROW	FAMILY MEM OF FORM BD MEM	60,989	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANN SENCER	FAMILY MEM OF BD MEMBER	102,624	EMPLOYEE		No
KIM STALEY	FAMILY MEM OF FORM BD MEM	99,286	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRISTOPHER Y CAUGHMAN	FAMILY MEM OF FORM BD MEM	80,865	EMPLOYEE		No
KIRK ELIFSON	FAMILY MEM OF FORM BD MEM	72,996	EMPLOYEE		No



**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NAEL MCCARTY	FAMILY MEM OF OFFICER	210,708	EMPLOYEE		No
LINDA ORKIN LEWIN	FAMILY MEM OF BD MEMBER	58,926	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
CHRISTOPHER STALEY	FAMILY MEM OF FORM BD MEM	25,199	EMPLOYEE		No

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
EMORY GROUP RETURN

**Employer identification number**

90-0790361

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
GROUP RETURN - GENERAL INFORMATION AND MISSION	<p>FORM 990, PAGE 1, LINE H(A) THE LIST BELOW SHOWS ALL THE ENTITIES INCLUDED IN THIS GROUP RETURN ALONG WITH THE CORRESPONDING ACRONYMS THAT WILL BE USED THROUGHOUT THIS RETURN EMORY HEALTHCARE, INC (EHC) (58-2137993) 1440 CLIFTON ROAD, NE WHSCAB SUITE 309 ATLANTA, GA 30322 THE EMORY CLINIC, INC (TEC) (58-2030692) 1365 CLIFTON ROAD, NE ATLANTA, GA 30322 WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC (WWC) (58-1529366) 1821 CLIFTON ROAD, NE ATLANTA, GA 30322 EMORY MEDICAL CARE FOUNDATION, INC (EMCF) (58-1537752) 1648 PIERCE DRIVE ATLANTA, GA 30322 EMORY INNOVATIONS, INC (EI) (45-5372942) 201 DOWMAN DRIVE 101 ADMINISTRATION BUILDING ATLANTA, GA 30322 EMORY/SAINT JOSEPH'S, INC (ESJ) (45-2721833) 1440 CLIFTON ROAD, NE WHSCAB, SUITE 309 ATLANTA, GA 30322 SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC (SJHA) (58-0566257) 5673 PEACHTREE DUNWOODY ROAD SUITE 550 ATLANTA, GA 30342 EMORY-CHILDREN'S CENTER, INC (ECC) (58-2298500) 2015 UPPERGATE DRIVE NE ATLANTA, GA 30322 FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION THE MISSIONS OF EACH OF THE VARIOUS ENTITIES WITHIN THIS GROUP RETURN ARE LISTED BELOW EHC IS THE CLINICAL ARM OF THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER OF EMORY UNIVERSITY, WHICH FOCUSES ON PATIENT CARE, EDUCATION OF HEALTH PROFESSIONALS, RESEARCH ADDRESSING HEALTH AND ILLNESS, AND HEALTH POLICIES FOR PREVENTION AND TREATMENT OF DISEASE TEC'S MISSION IS TO PROVIDE PATIENT-FOCUSED SERVICE AND COMPASSIONATE SUPPORT WITH THE GOAL OF "MAKING PEOPLE HEALTHY " TEC ALSO SUPPORTS THE CLINICAL, TEACHING, AND RESEARCH MISSIONS OF THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER OF EMORY UNIVERSITY WWC'S MISSION IS TO RESTORE AND PROMOTE THE HEALTH OF THE ELDERLY COMMUNITY BY PROVIDING MEDICAL SERVICES WHICH INCLUDE GERIATRIC INPATIENT, OUTPATIENT, AND RESIDENTIAL SERVICES ALSO, WWC SERVES AS A COMMUNITY RESOURCE TO ENCOURAGE HEALTHY AGING EMCF IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, INCLUDING, WITHOUT LIMITATION, THE PROMOTION AND ADVANCEMENT OF PATIENT CARE, PROFESSIONAL MEDICAL SERVICES, MEDICAL EDUCATION, AND MEDICAL RESEARCH FOR THE BENEFIT OF COMMUNITY RESIDENTS INCLUDING, BUT NOT LIMITED TO INDIGENT RESIDENTS OF FULTON AND DEKALB COUNTIES, GEORGIA EI IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES TO ENGAGE IN INNOVATIVE PROGRAMS AND ENTERPRISES TO SUPPORT EMORY UNIVERSITY'S GOALS ESJ IS A JOINT VENTURE BETWEEN EMORY HEALTHCARE, INC AND SAINT JOSEPH'S HEALTH SYSTEM, INC WHICH OWNS SJHA, JOHNS CREEK HOSPITAL, AND THE MEDICAL GROUP OF SAINT JOSEPH'S, LLC SJHA IS A COMMUNITY BASED HOSPITAL LOCATED IN SANDY SPRINGS, GEORGIA, WHICH IS LICENSED FOR 410 BEDS ECC PROVIDES SPECIALTY MEDICAL CARE FOR PEDIATRIC PATIENTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 5 AND PART V, QUESTION 2A	NUMBER OF EMPLOYEES TEC AND ECC HAVE A COMMON PAYMASTER RELATIONSHIP FOR PAYROLL PURPOSES WITH EMORY UNIVERSITY (EIN 58-0566256) THE SALARIES OF TEC'S AND ECC'S EMPLOYEES ARE PAID BY EMORY UNIVERSITY, REPORTED ON EMORY UNIVERSITY'S FORMS 941, AND REIMBURSED BY TEC AND ECC THEREFORE, THESE EMPLOYEES ARE REPORTED ON EMORY UNIVERSITY'S FORM 990 WWC, ESJ, AND SJHA HAVE A COMMON PAYMASTER RELATIONSHIP FOR PAYROLL PURPOSES WITH EHC THE SALARIES OF WWC, ESJ, AND SJHA'S EMPLOYEES ARE PAID BY EHC, REPORTED ON EHC FORMS 941 AND REIMBURSED BY WWC, ESJ, AND SJHA RESPECTIVELY THEREFORE, THESE EMPLOYEES ARE REPORTED ON THE GROUP RETURN ALONG WITH EHC EMPLOYEES THE STAFF MEMBERS OF EMCF AND EI ARE EMPLOYEES OF EMORY UNIVERSITY THE SALARIES OF EMCF AND EI'S EMPLOYEES ARE PAID BY EMORY UNIVERSITY, REPORTED ON EMORY UNIVERSITY'S FORMS 941, AND REIMBURSED BY EMCF AND EI RESPECTIVELY THEREFORE, THESE EMPLOYEES ARE REPORTED ON EMORY UNIVERSITY'S FORM 990

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4</p>	<p>OTHER PROGRAM SERVICES 4A TEC IS THE MAJOR FACULTY PRACTICE PROGRAM OF THE EMORY UNIVERSITY SCHOOL OF MEDICINE AND IS A SEPARATE OPERATING UNIT OF EMORY HEALTHCARE, THE HEALTH CARE DELIVERY ARM OF EMORY UNIVERSITY FOUNDED IN 1953 AS A FOR-PROFIT PARTNERSHIP OF 18 CLINICAL FACULTY MEMBERS, THE ORGANIZATION HAS GROWN OVER THE PAST 50+ YEARS TO OVER 1,400 CLINICIAN-TEACHERS AND CLINICIAN-SCIENTISTS IN MORE THAN 70 MEDICAL SPECIALTIES TEC SUPPORTS THE CLINICAL, TEACHING AND RESEARCH MISSIONS OF THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER OF EMORY UNIVERSITY, AS WELL AS PROVIDES A PATIENT BASE FOR CLINICAL SERVICE, TEACHING AND CLINICAL CARE TRIALS IN 1992, TEC CONVERTED TO A 501(C)(3) NON-PROFIT CORPORATION CONSISTENT WITH MOST OTHER FACULTY PRACTICE PROGRAMS NATIONALLY CHARITY CARE TEC SERVES THE HEALTH CARE NEEDS OF PATIENTS FROM THE REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES DURING FISCAL YEAR 2017, TEC EXPERIENCED APPROXIMATELY 3.1 MILLION PATIENT ENCOUNTERS IN THE SAME TIME PERIOD, TEC RENDERED \$58 MILLION IN DIRECT CHARITY CARE, LARGELY FOR COMPLEX CARE (IE, ORGAN TRANSPLANTATION, CANCER AND CARDIAC DISEASE) THIS CHARITY CARE ALSO INCLUDES SUPPORT FOR INDIVIDUALS WHO ARE UNINSURED AND DO NOT HAVE THE ABILITY TO PAY SOME OR ALL OF THE AMOUNTS DUE FOR THEIR CARE COMMUNITY BENEFITS AS A CORPORATE AND COMMUNITY CITIZEN, TEC HAS A COMMUNITY RESPONSIBILITY TO INCREASE AWARENESS OF HEALTH ISSUES AFFECTING THE COMMUNITY CITIZENS PART OF TEC'S COMMITMENT TO THE MISSION OF EXCELLENCE IS IN RESPONDING TO THE HEALTH CARE NEEDS OF ATLANTA'S RESIDENTS AN ACTIVE SPEAKER'S BUREAU, COMPRISED OF MEDICAL STAFF MEMBERS, INFORMS LOCAL BUSINESS AND CIVIC ORGANIZATIONS ABOUT VARIOUS HEALTH CARE TOPICS AND ISSUES SUPPORT GROUPS OFFER RESOURCES FOR DEALING WITH SPECIFIC HEALTH PROBLEMS THESE PROGRAMS ADDRESS MANY SPECIFIC GROUPS, INCLUDING SMOKERS WHO WANT TO QUIT, PEOPLE WHO HAVE SUFFERED LOSS, PROSTATE CANCER SURVIVORS AND THOSE WHO HAVE EXPERIENCED A TRANSPLANT, STROKE, SICKLE CELL DISEASE, OR PREMATURE INFANT LOSS TEC STAFF MEMBERS ALSO SERVE AS SPOKESPERSONS IN SHAPING HEALTHCARE POLICY AT THE REGIONAL AND NATIONAL LEVEL BY ADVOCATING HEALTHY LIFESTYLES 4B EMORY/SAINT JOSEPH'S, INC IS A JOINT OPERATING COMPANY THAT CONTROLS THE FOLLOWING ENTITIES SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC, AND EHC/JOC JOHN'S CREEK, LLC EMORY/SAINT JOSEPH'S, INC IS CONTROLLED 51% BY EHC/JOC HOLDINGS, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY WHICH HAS AS ITS SOLE MEMBER, EMORY HEALTHCARE, INC, AND 49% BY SJHS/JOC HOLDINGS, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY WHICH HAS AS ITS SOLE MEMBER, SAINT JOSEPH'S HEALTH SYSTEM, INC SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC HAS AS AN OPERATING DIVISION SAINT JOSEPH'S HOSPITAL, WHICH IS AN ACUTE CARE HOSPITAL LOCATED IN NORTH METRO ATLANTA FOUNDED BY THE SISTERS OF MERCY IN 1880, SAINT JOSEPH'S HOSPITAL IS ATLANTA'S OLDEST HOSPITAL AND THE ONLY CATHOLIC HOSPITAL IN THE ATLANTA AREA SAINT JOSEPH'S HO</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4	<p>SPITAL IS RECOGNIZED AS A LEADING SPECIALTY-REFERRAL HOSPITAL IN GEORGIA AND ONE OF THE RE GION'S PREMIER PROVIDERS OF CARDIAC, VASCULAR, AND ORTHOPAEDIC SERVICES SAINT JOSEPH'S HO SPITAL ALSO OFFERS NEUROLOGIC, VASCULAR, GASTROINTESTINAL, RESPIRATORY, ORTHOPAEDIC, AND C ANCER CARE, AMONG OTHER SPECIALTIES THROUGHOUT ITS HISTORY, SAINT JOSEPH'S HOSPITAL HAS B EEN DEDICATED TO FURTHERING THE HEALING MINISTRY OF THE SISTERS OF MERCY BY PROVIDING COMP ASSIONATE, CLINICALLY EXCELLENT HEALTH CARE IN THE SPIRIT OF THE LOVING SERVICE TO THOSE I N NEED, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE AS DEMONSTRATED THROUGH ITS MISS ION AND CORE VALUES EHCA JOHNS CREEK, LLC HAS AS AN OPERATING DIVISION, EMORY JOHNS CREEK HOSPITAL, WHICH IS AN ACUTE CARE FACILITY LOCATED IN THE NORTH AREA OF METRO ATLANTA EMO RY JOHNS CREEK HOSPITAL SERVES THE CITY OF JOHNS CREEK AND THE SURROUNDING COMMUNITIES OFF ERING A FULL RANGE OF SERVICES, INCLUDING EMERGENCY SERVICES STAFFED WITH BOARD-CERTIFIED EMERGENCY PHYSICIANS, SURGERY, CARDIOLOGY, ONCOLOGY, ADVANCED IMAGING CAPABILITIES AND INT ENSIVE CARE 4C EMCF'S PROGRAM SERVICE EXPENSES REFLECT THE COST TO PROVIDE SERVICES AND DISTRIBUTIONS TO EMORY UNIVERSITY SCHOOL OF MEDICINE IN ORDER TO ENABLE THE VARIOUS DEPAR TMENTS TO FOCUS ON THE PROVISION OF PROFESSIONAL MEDICAL SERVICES, PROMOTING MEDICAL EDUCA TION, AND FURTHERING MEDICAL RESEARCH TO SERVE THE COMMUNITY 4D OTHER PROGRAM SERVICES I N THIS TOTAL ARE FROM EHC, WWC, EI AND ECC SEE ATTACHMENT 1 EMORY UNIVERSITY/WOODRUFF HE ALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT <a href="http://whsc.emory.edu/home/publications/community-benefits-2017/index.html">HTTP //WHSC EMOR Y EDU/HOME/PUBLICATIONS/COMMUNITY-BENEFITS-2017/INDEX HTML</a></p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINES 12A AND 12B	FORM 990, PART XII, LINE 2B INDEPENDENT AUDITED FINANCIAL STATEMENTS ALL ENTITIES INCLUDED IN THIS GROUP RETURN (EHC, TEC, WWC, EMCF, EI, ESJ, SJHA, ECC) ARE INCLUDED IN THE AUDITED FINANCIALS OF EMORY UNIVERSITY A COPY OF EMORY UNIVERSITY'S AUGUST 31, 2017 AUDITED FINANCIALS IS ATTACHED TO THIS RETURN THE GROUP RETURN DID NOT HAVE A SEPARATE INDEPENDENT AUDIT FORM 990, PART VI, SECTION A, LINE 6 MEMBERS OR STOCKHOLDERS ESJ HAS TWO MEMBERS - SJHS/JOC HOLDINGS, INC AND EHC/JOC HOLDINGS, LLC SJHA HAS ONE MEMBER - EMORY/SAINT JOSEPH'S, INC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINES 7A AND 7B</p>	<p>MEMBERS AND DECISIONS OF THE GOVERNING BODY EHC EHC ARTICLES AND BYLAWS MAY NOT BE AMEND ED WITHOUT THE APPROVAL OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVE RSITY, BASED ON THE RECOMMENDATION OF ITS ROBERT W WOODRUFF HEALTH SCIENCES CENTER BOARD (THE "WOODRUFF BOARD"), A SUBCOMMITTEE OF THE EMORY UNIVERSITY BOARD OF TRUSTEES IN ADDIT ION, EHC MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE PRIOR APPROVAL OF THE EXECU TIVE COMMITTEE AND THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY, BAS ED ON THE RECOMMENDATION OF THE WOODRUFF BOARD (1) ORGANIZE ANY SUBSIDIARY CORPORATION OR ENTER INTO ANY JOINT VENTURE OR PARTNERSHIP, (2) ADOPT A PLAN OF LIQUIDATION OR DISSOLUTI ON, OR FILE A VOLUNTARY PETITION IN BANKRUPTCY, (3) ENTER INTO ANY TRANSACTION PROVIDING F OR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF EH C, (4) ADOPT A PLAN OF REORGANIZATION, OR OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORAT ION, (5) INCUR ANY SINGLE ITEM OF INDEBTEDNESS IN EXCESS OF \$500,000, (6) ADOPT OR AMEND A NY LONG-RANGE PLAN, OR (7) ADOPT OR AMEND AN ANNUAL OPERATING BUDGET OR CAPITAL BUDGET OR MAKE ANY EXPENDITURES EXCEPT PURSUANT TO BUDGET OR EXPENDITURE POLICIES APPROVED BY EMORY UNIVERSITY EHC IS ALSO REQUIRED TO DELIVER TO THE WOODRUFF BOARD AN ANNUAL REPORT OF THE FINANCIAL AFFAIRS OF EHC FOR THE PERIOD CONCERNED, INCLUDING A STATEMENT OF THE ASSETS AND LIABILITIES OF EHC, A STATEMENT OF THE RECEIPTS AND DISTRIBUTIONS OF EHC, A STATEMENT OF ITS THEN-CURRENT INVESTMENT PORTFOLIO AND SUCH OTHER INFORMATION AS THE DIRECTORS OF EHC O R THE TRUSTEES OF THE WOODRUFF BOARD DEEM APPROPRIATE AND HELPFUL TEC EHC BOARD OF DIREC TORS APPOINTS FOUR OF ITS DIRECTORS TO SERVE AS MEMBERS OF TEC BOARD OF DIRECTORS IN ADDIT ION, THREE DIRECTORS SERVE BY VIRTUE OF THE OFFICE THEY HOLD AT EHC OR EMORY UNIVERSITY, AND TWO DIRECTORS ARE APPOINTED BY THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS OF EMOR Y UNIVERSITY THE MEMBERS OF TEC BOARD OF DIRECTORS MUST APPROVE CERTAIN AMENDMENTS TO THE BYLAWS WWC THE BOARD OF DIRECTORS OF EHC ELECTS THE BOARD OF DIRECTORS OF WWC IN ADDIT ION, THE FOLLOWING ACTIONS BY WWC REQUIRE THE APPROVAL OF THE BOARD OF DIRECTORS OF EHC ( 1) THE DISSOLUTION, MERGER OR CONSOLIDATION OF THE CORPORATION, (2) THE AMENDMENT OF THE A RTICLES OF INCORPORATION, (3) THE SALE, LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF T HE ASSETS OF THE CORPORATION, (4) THE OBLIGATION OF THE CORPORATION FOR ANY SINGLE ITEM OF INDEBTEDNESS IN EXCESS OF \$500,000, AND (5) THE AMENDMENT OR REPEAL OF THE BYLAWS OF THE CORPORATION OR THE ADOPTION OF NEW BYLAWS OF THE CORPORATION EMCF, SJHA THESE QUESTIONS ARE "NO" FOR EMCF, SJHA ECC EHC BOARD OF DIRECTORS APPOINTS THREE OF ITS DIRECTORS TO SE RVE AS MEMBERS OF ECC BOARD OF DIRECTORS THE MEMBERS OF ECC BOARD OF DIRECTORS MUST APPRO VE CERTAIN AMENDMENTS TO THE BYLAWS EI ARTICLES AND BYLAWS MAY NOT BE AMENDED WITHOUT TH E APPROVAL OF THE FINANCE COMM</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINES 7A AND 7B</p>	<p>ITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY IN ADDITION, EI MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE PRIOR APPROVAL OF THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY (1) ORGANIZE ANY SUBSIDIARY CORPORATION OR ENTER INTO ANY JOINT VENTURE OR PARTNERSHIP, (2) ADOPT A PLAN OF LIQUIDATION OR DISSOLUTION, OR FILE A VOLUNTARY PETITION IN BANKRUPTCY, (3) ENTER INTO ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, (4) ADOPT A PLAN OF REORGANIZATION, OR OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (5) INCUR INDEBTEDNESS OR LINE OF CREDIT, OR MAKE A PURCHASE, IN EXCESS OF \$1 MILLION, (6) ADOPT OR AMEND ANY LONG-RANGE PLAN, (7) ADOPT OR AMEND A BRANDING PLAN, (8) APPROVE EXECUTIVE SALARIES, WHICH SHALL BE APPROVED IN ADVANCE BY THE EMORY UNIVERSITY EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST COMMITTEE, (9) ENTER INTO ANY FINANCIAL INSTITUTION RELATIONSHIP, OR (10) MONETIZE INTELLECTUAL PROPERTY WITH AN EXPECTED VALUE IN EXCESS OF \$1 MILLION ESJ ESJ HAS TWO MEMBERS - SJHS/JOC HOLDINGS, INC AND EHC/JOC HOLDINGS, LLC EHC/JOC HOLDINGS, LLC HAS THE RIGHT TO DESIGNATE AND MAINTAIN AT ALL TIMES A NUMBER OF THE DIRECTORS WHO CONSTITUTE A MAJORITY OF THE BOARD OF DIRECTORS OF ESJ (THE "EHC DIRECTORS") SJHS/JOC HOLDINGS, INC SHALL HAVE THE RIGHT TO DESIGNATE AND MAINTAIN AT ALL TIMES A NUMBER OF THE DIRECTORS THAT IS ONE (1) LESS THAN THE NUMBER OF EHC DIRECTORS ESJ MUST RECEIVE PRIOR WRITTEN APPROVAL BY EACH MEMBER BEFORE UNDERTAKING ANY "MEMBER RESERVED MATTER" THE "MEMBER RESERVED MATTERS" INCLUDE THE FOLLOWING (A) ANY FUNDAMENTAL CHANGE IN THE PURPOSES OF ESJ AS SET FORTH IN ARTICLE IV OF THE ARTICLES OF INCORPORATION, SECTION 1.3 OF THE BYLAWS, SECTIONS 2.3 THROUGH 2.6 OF THE MEMBERSHIP AGREEMENT BY AND AMONG SJHS/JOC HOLDINGS, INC, EHC/JOC HOLDINGS, LLC, ESJ AND EMORY HEALTHCARE, INC (THE "MEMBERSHIP AGREEMENT") OR THE MISSION STATEMENT ATTACHED TO THE MEMBERSHIP AGREEMENT, (B) ANY AMENDMENT OR RESTATEMENT OF THE (I) CONTRIBUTION AGREEMENT BY AND BETWEEN SJHS/JOC HOLDINGS, INC, SAINT JOSEPH'S HEALTH SYSTEM, INC, EHC/JOC HOLDINGS, LLC AND EHC (THE "CONTRIBUTION AGREEMENT"), (II) MEMBERSHIP AGREEMENT, AND (III) MANAGEMENT AGREEMENT BY AND BETWEEN EHC AND ESJ (COLLECTIVELY, THE "JOINT OPERATING AGREEMENTS"), (C) ANY AMENDMENT, RESTATEMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OR THE BYLAWS, (D) ANY CONTRIBUTION TO ESJ OF RIGHTS OR ASSETS, OTHER THAN AS CONTEMPLATED BY THE JOINT OPERATING AGREEMENTS, (E) ANY ENTRY INTO OR CONSUMMATION OF ANY MERGER, CONSOLIDATION, DISSOLUTION, SALE OR OTHER TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF ESJ OR ANY MATERIAL SUBSIDIARY OR ENTITY CONTROLLED BY ESJ, OR OTHER CHANGE IN CORPORATE FORM, THAT IN THE CASE OF ANY OF THE FOREGOING WOULD CONSTITUTE OR OTHERWISE RESULT IN A FUNDAMENTAL REORGANIZATION OF ESJ OR ANY MATERIAL SUBSIDIARY OR ENTITY CONTROLLED BY E</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 7A AND 7B	SJ, (F) ANY ADMISSION OF ANY ADDITIONAL MEMBER TO ESJ, AND ANY CORRESPONDING CHANGES IN ANY MEMBER'S RESPECTIVE PERCENTAGE INTERESTS AS SET FORTH IN THE MEMBERSHIP AGREEMENT, (G) ANY CHANGE IN THE NAME, LOGO OR SERVICE MARK OF ANY FACILITY CONTRIBUTED TO ESJ BY SAINT JOSEPH'S HEALTH SYSTEM, INC , EHC OR ANY OF THEIR RESPECTIVE AFFILIATES (INCLUDING, FOR THE AVOIDANCE OF DOUBT, ANY FACILITY CONTRIBUTED PURSUANT TO THE CONTRIBUTION AGREEMENT), OTHER THAN AS CONTEMPLATED BY THE JOINT OPERATING AGREEMENTS, (H) ANY CLOSURE OF ANY FACILITY CONTRIBUTED TO ESJ BY SAINT JOSEPH'S HEALTH SYSTEM, INC , EHC OR ANY OF THEIR RESPECTIVE AFFILIATES (INCLUDING, FOR THE AVOIDANCE OF DOUBT, ANY FACILITY CONTRIBUTED PURSUANT TO THE CONTRIBUTION AGREEMENT), OTHER THAN AS CONTEMPLATED BY THE JOINT OPERATING AGREEMENTS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11	PROCESS USED TO REVIEW FORM 990 THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND REVIEWED BY AN INDEPENDENT THIRD PARTY ACCOUNTING FIRM PRIOR TO FINALIZATION OF THE RETURN, MANAGEMENT PROVIDED ACCESS TO A FINAL DRAFT OF THE FORM 990 TO ALL MEMBERS OF THE BOARD OF DIRECTORS OF EACH OF THE ORGANIZATIONS IN THE GROUP AND GAVE THEM AN OPPORTUNITY TO MAKE COMMENTS MANAGEMENT UPDATED THE FORM 990 FOR ALL COMMENTS RECEIVED AND PROVIDED THE FINAL VERSION OF THE FORM 990 TO ALL MEMBERS OF EACH BOARD OF DIRECTORS PRIOR TO FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY THE GROUP'S CONFLICT OF INTEREST POLICY REQUIRES CERTAIN INDIVIDUALS TO DISCLOSE PARTICIPATION IN ACTIVITIES OR CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST ON AN ANNUAL BASIS OR IF AT ANY TIME SUCH INDIVIDUAL BECOMES AWARE OF CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST THESE DISCLOSURES ARE REVIEWED BY THE RESPECTIVE BOARD OF DIRECTORS, AS NECESSARY IF THE APPLICABLE CONFLICT OF INTEREST COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MAY MAKE A PRESENTATION TO SUCH BOARD OF DIRECTORS OR CONFLICT OF INTEREST COMMITTEE, BUT AFTER SUCH PRESENTATION, THE INDIVIDUAL MUST LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTED IN THE CONFLICT OF INTEREST DURING THE FISCAL YEAR NONE OF THE DIRECTORS WITH RELATED BUSINESS INTERESTS VOTED ON BUSINESS DECISIONS INVOLVING THEIR COMPANIES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	DETERMINATION OF COMPENSATION EHC, TEC, WWC, ESJ, SJHA, ECC EMORY UNIVERSITY HAS A COMMITTEE ON EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST (THE "COMMITTEE") COMPOSED OF NON-EMPLOYEE MEMBERS OF THE EMORY UNIVERSITY BOARD OF TRUSTEES EACH YEAR, THE COMMITTEE REVIEWS MARKET DATA COMPILED BY INDEPENDENT CONSULTING FIRMS FROM COMPARABLE RESEARCH INSTITUTIONS FOR EACH POSITION IDENTIFIED AS A "DISQUALIFIED PERSON" FOR PURPOSES OF INTERMEDIATE SANCTIONS UNDER IRS REGULATIONS THE COMMITTEE DISCUSSES THE PROPOSED COMPENSATION FOR EACH SUCH INDIVIDUAL IN THE CONTEXT OF THE MARKET DATA AND THE INDIVIDUAL'S PERFORMANCE AND CONTRIBUTION TO EHC, TEC, WWC, ESJ, T3, SJHA, ECC AND IT MAKES A DECISION REGARDING THE APPROPRIATENESS OF COMPENSATION AND ANY COMPENSATION INCREASE THE DISCUSSIONS ARE DOCUMENTED IN THE COMMITTEE'S MINUTES BY A REPRESENTATIVE OF THE OFFICE OF THE GENERAL COUNSEL OTHER SENIOR LEADERSHIP (CLINICAL DEPARTMENT CHAIRS, SERVICE CHIEFS AND SENIOR LEADERS) ARE ELIGIBLE TO PARTICIPATE IN FOUR INCENTIVE COMPENSATION PLANS THAT ARE BASED ON THE ORGANIZATION'S SATISFACTION OF TARGETS FOR FINANCIAL PERFORMANCE AND DEFINED INDIVIDUAL PERFORMANCE METRICS MEASURABLE GOALS THESE PLANS (THE SENIOR EXECUTIVE INCENTIVE PLAN, THE CLINICAL DEPARTMENT CHAIRS PLAN, THE SENIOR MANAGEMENT INCENTIVE PLAN, AND THE CLINIC LEADERSHIP PLAN) ARE GOVERNED BY THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS AND THE CEO FOR EHC, AND REPORTED TO AND APPROVED BY THE COMMITTEE THERE IS NO OVERLAP AMONG THESE FOUR PLANS EMCF, EI EMCF AND EI STAFF MEMBERS ARE EMPLOYEES OF EMORY UNIVERSITY EMORY UNIVERSITY COMPENSATION POLICIES AND PRACTICES APPLY TO EMCF AND EI

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF DOCUMENTS TO THE PUBLIC GENERALLY, ENTITIES INCLUDED IN THE GROUP RETURN (EHC, TEC, WWC, EMCF, EI, ESJ, SJHA, ECC) DO NOT MAKE THEIR GOVERNING DOCUMENTS OR THEIR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC ALTHOUGH THEY ARE AVAILABLE UPON REQUEST HOWEVER, THEIR ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE THROUGH GEORGIA'S SECRETARY OF STATE WEBSITE THE GROUP'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ANNUAL FORM 990 TAX RETURN

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CONSISTS OF CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING \$3,245,576 CHANGES IN RESTRICTED AND UNRESTRICTED FUNDS \$4,882,605

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS RUSSELL R FRENCH AND ROBERT C GODDARD III HAVE A BUSINESS RELATIONSHIP



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EMORY GROUP RETURN

Employer identification number

90-0790361

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

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

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ROOM  ATLANTA, GA 30322 58-0566256	EDUCATION	GA	501(C)(3)	2	NA		No
<b>(2)</b> EMORY MEDICAL LABORATORIES INC 1364 CLIFTON ROAD NE  ATLANTA, GA 30322 01-0553460	SEE PART VII	GA	501(C)(3)	3	NA		No
<b>(3)</b> FOUNDATION OF WESLEY WOODS INC 1817 CLIFTON ROAD NE  ATLANTA, GA 30329 58-1543164	SEE PART VII	GA	501(C)(3)	12C	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE PART VII  201 DOWMAN Atlanta, GA 30322 46-3808276	Medical Rehab	GA	EMORYHEALTHCARE	RELATED	1,863,387	8,471,254		No	0	Yes		51 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)CLIFTON CASUALTY INSURANCE COMPANY LTD  PO BOX 1159 878 WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ CJ 84-0825711	CAPTIVE INSUR	CJ	EMORYHEALTHCARE	C Corp	5,528,937	190,438,004	100 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



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

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

Return Reference	Explanation
SCHEDULE R, PART I	IDENTIFICATION OF DISREGARDED ENTITIES COLUMN A - NAME #1 - EMORY JOHNS CREEK OBSTETRICS & GYNECOLOGY, LLC COLUMN B - PRIMARY ACTIVITY EMORY CLINICALLY INTEGRATED NETWORK, LLC - INTEGRATED NETWORK OF HEALTHCARE PROVIDERS DRUG INNOVATION VENTURES AT EMORY, LLC - DRUG DEVELOPMENT EHC/JOC HOLDINGS, LLC - HOLDING COMPANY EHCA JOHNS CREEK HOLDINGS, LLC - HOLDING COMPANY EMORY REHABILITATION, LLC - HOLDING COMPANY

Return Reference	Explanation
SCHEDULE R, PART II	IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS COLUMN B - PRIMARY ACTIVITY EMORY MEDICAL LABORATORIES, INC - MD CARE PRACTICE FOUNDATION OF WESLEY WOODS, INC - CHARITABLE CARE

Return Reference	Explanation
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS ES REHABILITATION, LLC

Schedule Form 2016



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 90-0790361  
**Name:** EMORY GROUP RETURN

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) EMORY SPECIALTY ASSOCIATES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 20-4700877	MD PRACTICE	GA	103,046,558	21,711,756	NA
(1) DIALYSIS ACCESS CENTER OF ATLANTA LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 14-1862166	BILLING	GA	0	0	NA
(2) EMORY DIALYSIS LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 26-4296847	BILLING	GA	31,204,828	6,482,743	NA
(3) EMORY MEDICAL GROUP LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 20-8281993	BILLING	GA	0	0	NA
(4) EMORY PEDIATRICS LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 58-2619196	BILLING	GA	0	0	NA
(5) EMORY PHYSICAL THERAPY LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 20-0174459	BILLING	GA	10,581,457	0	NA
(6) EMORY SELECT SERVICES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 27-3126414	BILLING	GA	3,370,427	0	NA
(7) EMORY CLINICALLY INTEGRATED NETWORK LLC 201 DOWMAN DRIVE 102 ADMIN ATLANTA, GA 30322 45-4610047	SEE PART VII	GA	758,775	1,744,135	NA
(8) EMORY PATIENT-CENTERED PRIMARY CARE LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 45-2665462	BILLING	GA	1,035,785	0	NA
(9) DRUG INNOVATION VENTURES AT EMORY LLC 201 DOWMAN DRIVE 101 ADMIN ATLANTA, GA 30322 45-5372942	SEE PART VII	GA	57,995	6,006,408	NA
(10) EHCA JOHNS CREEK LLC 201 DOWMAN DRIVE 101 ADMIN ATLANTA, GA 30322 58-2433436	HOSPITAL	GA	0	0	NA
(11) EMORY JOHNS CREEK PHYSICIANS LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 80-0435462	MD PRACTICE	GA	429,089	-780,558	NA
(12) JOHNS CREEK FAMILY PHYSICIANS LLC 4049 PEACHTREE INDUSTRIAL BLVD SUIT NORCROSS, GA 30071 35-2345865	MD PRACTICE	GA	0	-155,624	NA
(13) EHCA JOHNS CREEK RADIATION THERAPY LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 36-4635047	BILLING	GA	0	0	NA
(14) THE MEDICAL GROUP OF SAINT JOSEPH'S LLC 5669 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342 26-0857111	MD PRACTICE	GA	26,547,899	-81,200,532	NA
(15) SEE PART VII - #1 6335 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 80-0508326	MD PRACTICE	GA	0	152,035	NA
(16) EHCJOC HOLDINGS LLC 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 58-2137993	SEE PART VII	GA	0	0	NA
(17) EHCA JOHNS CREEK HOLDINGS LLC 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 45-2721833	SEE PART VII	GA	0	0	NA
(18) ESOP REHABILITATION LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 80-0954871	BILLING	GA	13,358,633	14,367,263	NA
(19) EMORY SLEEP CENTER LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-5090816	BILLING	GA	4,028,166	563,944	NA

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(21) EMORY AMBULATORY SURG CTR DUNWOODY LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-4115055	SURG CENTER	GA	16,541,766	6,188,994	NA
(1) EMORY EMPLOYER BASED HEALTH SVC LLC 1365 CLIFTON ROAD NE ATLANTA, GA 30322 47-2061134	BILLING	GA	2,927,988	502,888	NA
(2) EMORY REHABILITATION LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-4114856	SEE PART VII	GA	0	0	NA
(3) EMORY OPTICAL LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 81-3114162	HEALTHCARE	GA	0	0	NA
(4) EMORY HEALTHCARE SERVICES MANAGEMENTLLC 201 DOWMAN DRIVE ATLANTA, GA 30322 81-4355450	BILLING	GA	0	0	NA