

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018

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 Suite 30

City or town, state or province, country, and ZIP or foreign postal code
 ATLANTA, GA 30322

D Employer identification number: 90-0790361

E Telephone number: (404) 686-2819

G Gross receipts \$ 1,923,539,251

F Name and address of principal officer:
 JON LEWIN MD
 1440 CLIFTON RD NE WHSCAB
 ATLANTA, GA 30322

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

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

J Website: ▶ N/A

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

3 Number of voting members of the governing body (Part VI, line 1a)	82
4 Number of independent voting members of the governing body (Part VI, line 1b)	33
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	20,040
6 Total number of volunteers (estimate if necessary)	1,500
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	966,511

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,251,079	763,133
9 Program service revenue (Part VIII, line 2g)	1,683,767,533	1,788,062,015
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,851,801	1,534,205
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,852,000	133,179,898
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,754,722,413	1,923,539,251
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,203,072,355	1,313,256,401
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	725,517,186	750,606,494
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,928,589,541	2,063,862,895
19 Revenue less expenses Subtract line 18 from line 12	-173,867,128	-140,323,644

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	331,984,056	273,611,555
21 Total liabilities (Part X, line 26)	522,082,050	595,631,316
22 Net assets or fund balances Subtract line 21 from line 20	-190,097,994	-322,019,761

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: 2019-07-09
 JAMES T HATCHER CFO, EMORYHEALTHCARE
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Shawn Hutchinson
 Preparer's signature: Shawn Hutchinson
 Date: 2019-07-08
 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 \$ 862,487,988 including grants of \$) (Revenue \$ 885,025,529)
See Additional Data

4b (Code) (Expenses \$ 577,841,582 including grants of \$) (Revenue \$ 653,601,526)
See Additional Data

4c (Code) (Expenses \$ 124,075,447 including grants of \$) (Revenue \$ 133,451,700)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 401,230,066 including grants of \$) (Revenue \$ 249,163,158)

4e Total program service expenses ▶ 1,965,635,083

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 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
4 Section 501(c)(3) organizations. 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
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 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
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 number, 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 (82); 1b Enter the number of voting members included in line 1a, above, who are independent (33); 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? (No); 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)*

(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										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	32,547,613	20,109,613	3,688,446

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 ▶ 1,686

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDC OPERATING LLC, PO BOX 7710 TIFTON, GA 31793	HEALTHCARE PROF SVC	12,790,522
DPR CONSTRUCTION, 3301 WINDY RIDGE PARKWAY ATLANTA, GA 30339	CONSTRUCTION	11,081,211
STRUCTOR GROUP INC, 3200 COBB GALLERIA PKWY SUITE 250 ATLANTA, GA 30339	CONSTRUCTION	9,172,243
TRIAGE CONSULTING GROUP, 221 MAIN STREET SUITE 1100 SAN FRANCISCO, CA 94105	HEALTHCARE PROF SVC	9,055,746
SPM MARKETING COMMUNICATIONS INC, 15 W HARRIS SUITE 300 LA GRANGE, IL 60525	HEALTHCARE PROF SVC	7,789,114

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 ▶ 206

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	763,133				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			763,133			
Program Service Revenue			Business Code				
	2a NET PHYSICIAN SERVICES REVENUE		900099	133,451,700	133,451,700		
	b NET PATIENT SERVICE REVENUE		900099	1,526,208,972	1,526,208,972		
	c OTHER OPERATING REVENUE		900099	127,313,124	127,313,124		
	d MEDICAL DIRECTOR REVENUE-NON EMORY		900099	1,088,219	1,088,219		
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,788,062,015				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,534,205		1,534,205	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a INTERCOMPANY TRANSACTIONS		900099	129,350,504	129,350,504			
b CAFETERIA INCOME		900099	2,520,279	2,520,279			
c OTHER		900099	1,309,115	1,309,115			
d All other revenue							
e Total. Add lines 11a-11d			133,179,898				
12 Total revenue. See Instructions			1,923,539,251	1,921,241,913	0	1,534,205	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	27,359,501	26,891,446	468,055	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	5,881,213	5,780,600	100,613	0
7 Other salaries and wages.	1,080,819,755	1,062,329,553	18,490,202	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	199,195,932	198,198,139	997,793	0
10 Payroll taxes.	0			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	2,941,781	2,329,453	612,328	0
c Accounting.	506,904	74,450	432,454	0
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,096,324	13,700,442	11,395,882	0
12 Advertising and promotion.	0			
13 Office expenses.	0			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	129,465,214	127,103,332	2,361,882	0
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	11,122,260	11,119,310	2,950	0
21 Payments to affiliates.	291,681,942	291,681,942	0	0
22 Depreciation, depletion, and amortization.	52,102,297	48,291,431	3,810,866	0
23 Insurance.	-4,993,429	-8,111,028	3,117,599	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	146,037,501	146,037,501		
b PURCHASED SERVICES	110,725,494	107,678,938	3,046,556	
c SUPPLIES	208,347,198	208,218,381	128,817	
d REIMBURSEMENTS	-97,015,371	-111,908,499	14,893,128	
e All other expenses	-125,411,621	-163,780,308	38,368,687	0
25 Total functional expenses. Add lines 1 through 24e.	2,063,862,895	1,965,635,083	98,227,812	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-552,072,272	1	-746,919,859
	2 Savings and temporary cash investments	136,575,505	2	141,583,618
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	154,237,184	4	228,376,741
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	3,986,161	8	3,997,144
	9 Prepaid expenses and deferred charges	14,619,122	9	18,151,647
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,268,909,792		
	b Less accumulated depreciation	10b 808,244,206	431,339,938	10c 460,665,586
	11 Investments—publicly traded securities	34,364,205	11	34,093,134
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	108,934,213	15	133,663,544
16 Total assets. Add lines 1 through 15 (must equal line 34)	331,984,056	16	273,611,555	
Liabilities	17 Accounts payable and accrued expenses	152,899,355	17	180,843,859
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	50,000,000
	20 Tax-exempt bond liabilities	7,696,319	20	7,847,979
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	361,486,376	25	356,939,478
	26 Total liabilities. Add lines 17 through 25	522,082,050	26	595,631,316
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-208,827,222	27	-339,678,668
	28 Temporarily restricted net assets	17,198,316	28	16,125,236
	29 Permanently restricted net assets	1,530,912	29	1,533,671
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-190,097,994	33	-322,019,761
	34 Total liabilities and net assets/fund balances	331,984,056	34	273,611,555

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,923,539,251
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,063,862,895
3	Revenue less expenses Subtract line 2 from line 1	3	-140,323,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-190,097,994
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,401,877
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-322,019,761

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 90-0790361

Name: EMORY GROUP RETURN

Form 990 (2017)

Form 990, Part III, Line 4a:

THE EMORY CLINIC, INC SEE SCHEDULE O

Form 990, Part III, Line 4b:

EMORY/SAINT JOSEPH'S, INC SEE SCHEDULE O

Form 990, Part III, Line 4c:

EMORY MEDICAL CARE FOUNDATION, INC SEE SCHEDULE O

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

(Code	) (Expenses \$	285,157,226	including grants of \$	) (Revenue \$	138,594,527)
EMORY HEALTHCARE, INC					

(Code	) (Expenses \$	27,747,487	including grants of \$	) (Revenue \$	24,887,501)
WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC					

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

(Code	) (Expenses \$	3,289,031	including grants of \$	) (Revenue \$	0)
EMORY INNOVATIONS, INC					
(Code	) (Expenses \$	85,036,322	including grants of \$	) (Revenue \$	85,681,130)
EMORY CHILDREN'S CENTER, INC					

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			
J DAVID ALLEN BD MEM (EHC,TEC)	2 0 0 0	X						0	0	0
E THOMAS ANDREWS BD MEMBER (ESJ)	1 0 0 0	X						0	0	0
LAURA ASPEY MD BD MEMBER (EMCF)	1 0 60 0	X						0	180,677	30,723
CHRISTOPHER AUGOSTINI BD MEM (EHC, EI)	2 0 65 0	X						0	662,401	35,802
ELLEN A BAILEY BD MEM (EHC,TEC,ESJ)	3 0 0 0	X						0	0	0
THOMAS BARKIN BD MEMBER (ESJ)	1 0 2 0	X						0	0	0
DANIEL L BARROW MD BD MEMBER (EMCF)	51 0 10 0	X						1,257,652	262,008	48,468
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 MD 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			
DONALD I BOYKIN BD MEMBER (EHC)	1 0 0 0	X						0	0	0
DONALD I BROOKS BD MEMBER (EHC)	1 0 0 0	X						0	0	0
WILLIAM BROSIUS BD MEMBER (EHC)	1 0 1 0	X						0	0	0
BENJAMIN R CARTER BD MEMBER (ESJ)	1 0 0 0	X						0	0	0
CARLA CHANDLER BD MEMBER (WWC)	1 0 60 0	X						83,745	281,805	41,898
PHILIP COLETTI BD MEM (ESJ,SJHA)	2 0 0 0	X						0	0	0
JUNE CONNOR BD MEMBER (WWC)	1 0 60 0	X						86,775	246,584	21,781
SCOTT DAVIS JR MD BD MEMBER (TEC)	61 0 0 0	X						368,316	12	43,028
CARLOS DEL RIO MD BD MEMBER (EMCF)	1 0 60 0	X						9,399	503,562	33,351
HEATHER DEXTER BD MEMBER (SJHA) CEO	61 0 0 0	X		X				560,194	0	105,702

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			
SISTER ANGELA EBBERWEIN BD MEMBER (SJHA)	1 0 0 0	X						0	0	0
LAURA FINDEISS MD BD MEMBER (EMCF)	1 0 0 0	X						0	0	0
DAVID FITZGERALD BD MEM (SJHA,ESJ)	2 0 0 0	X						0	0	0
ROBERT FITZGERALD BD MEMBER (SJHA)	1 0 0 0	X						0	0	0
RUSSELL R FRENCH BD MEM (EHC)	1 0 0 0	X						0	0	0
BRYCE GARTLAND MD BD MEMBER (WWC)	1 0 6 0	X						258,819	439,282	107,190
CHARLES B GINDEN BD MEM (EHC,TEC,ESJ)	3 0 0 0	X						0	0	0
JOSEPH R GLADDEN BD MEMBER (EHC)	1 0 0 0	X						0	0	0
JOHN T GLOVER BD MEMBER (EHC)	1 0 0 0	X						0	0	0
RICHARD HANSEN MD BD MEMBER (ESJ)	6 1 0 0	X						379,459	0	16,793

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 HAUPERT MD BD MEMBER (EMCF)	1 0 0 0	X						0	0	0
KATHERINE HEILPERN MD BD MEMBER (EMCF)	36 0 25 0	X						443,026	286,710	51,748
IRA HOROWITZ MD BD MEM (EMCF,EHC,TEC)	17 0 46 0	X						740,638	144,692	51,005
LUCKY JAIN MD BD MEM (ECC)	1 0 45 0	X						0	299,674	31,448
THEODORE JOHNSON MD BD MEMBER (EHC)	13 0 48 0	X						234,285	213,463	58,958
CAROL KISSAL BD MEM (ESJ)	1 0 60 0	X						0	474,694	47,890
DAVID KOOBY MD BD MEM (SJHA)	51 0 10 0	X						472,334	15,685	39,792
ALLAN I LEVEY MD BD MEMBER (EMCF)	19 0 42 0	X						271,661	546,236	51,936
JONATHAN S LEWIN MD SEE SCH J PART III	5 0 65 0	X		X				1,426,297	701,304	49,218
MICHAEL LINDSAY MD BD MEM (EMCF)	1 0 45 0	X						1,200	376,184	41,451

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			
SAGAR LONIAL MD BD MEMBER (EMCF)	41 0 20 0	X						487,076	229,210	31,405
CATHERINE MALONEY BD MEMBER (WWC)	1 0 60 0	X						55,073	202,914	41,525
DWIGHT A MC BRIDE BD MEMBER (EI)	1 0 65 0	X						0	510,972	30,166
TOM Mc GAHAN BD MEM (EHC,SJHA,ESJ)	3 0 0 0	X						0	0	0
GERARD MC GORISK MD BD MEMBER (TEC)	2 0 59 0	X						506,554	0	43,451
ANNE M MC KENZIE-BROWN BD MEMBER (EHC)	61 0 0 0	X						388,074	0	44,382
WILLIAM M MC KINNON MD BD MEMBER (EHC)	1 0 0 0	X						0	0	0
CAROLYN MELTZER MD BD MEM (TEC,EMCF)	42 0 20 0	X						596,609	287,949	47,588
BROOKE MOORE BD MEMBER & CFO (TEC)	61 0 0 0	X		X				356,755	0	36,783
GRAYSON NORQUIST BD MEMBER (EMCF)	31 0 30 0	X						0	282,624	34,439

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			
ADEDAPO ODETOYINBO MD BD MEMBER (ESJ)	61 0 0 0	X						345,339	768	50,901
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						638,123	0	89,189
NANCY PARIS BD MEMBER (EHC)	1 0 0 0	X						0	0	0
DANE PETERSON BD MEMBER (ESJ)	31 0 31 0	X						1,116,606	1,000	150,356
J NEAL PURCELL BD MEM (EHC,ESJ), PRES (ESJ)	2 0 0 0	X		X				0	0	0
SURESH RAMALINGHAM MD BD MEMBER (EHC)	31 0 30 0	X						251,525	246,850	57,654
WILLIAM REISMAN MD BD MEMBER (EMCF)	61 0 0 0	X						0	674,794	39,536
JEN SCHUCK BD MEMBER (WWC)	26 0 20 0	X						213,264	0	21,660
STEPHEN D SENCER BD MEMBER (EI)	1 0 65 0	X						0	640,614	56,578

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			
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						166,145	835,596	30,676
VIKAS SUKHATME MD BD MEMBER (EHC,TEC,ECC,EMCF)	4 0 60 0	X						73,158	169,144	12,825
JOHN F SWEENEY MD BD MEMBER (EMCF)	35 0 26 0	X						808,037	154,283	48,616
ROBERT A SWERLICK MD BD MEMBER (TEC)	31 0 30 0	X						183,019	205,895	40,747
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						342,657	86	31,653
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

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			
MARY BETH ALLEN CHIEF HR OFFICER	30 0				X			638,417	0	29,773
JO ANN MANNING VP&CFO (SJH,EJC)	60 0				X			376,995	0	29,010
MATTHEW GARY MD PHYSICIAN	60 0					X		1,359,352	9	45,775
SHERVIN OSKOUEI MD PHYSICIAN	60 0					X		1,761,772	0	42,932
DAN REFAI MD PHYSICIAN	60 0					X		1,773,000	12	47,631
JOHN M RHEE MD PHYSICIAN	60 0					X		2,203,130	18	42,041
SANGWOOK TIM YOON MD PHYSICIAN	60 0					X		1,364,558	643	50,787
CHARLES C BARNES JR FORMER BD MEM (EHC, EI)	0 0						X	0	873,702	33,459
FRANK W BROWN MD FORMER BD MEM (WWC)	17 0						X	126,641	239,010	22,249
DONALD I BRUNN FORMER BD MEM (TEC,ECC)	60 0						X	879,883	0	46,310

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			
TIMOTHY BUCHMAN MD FORMER BD MEM (EHC)	56 0 4 0						X	712,696	16,739	48,312
DAVID T BURKE MD FORMER BD MEM (EMCF)	30 0 30 0						X	241,363	179,844	48,919
S WRIGHT CAUGHMAN MD SEE SCH J PART III	20 0 40 0						X	67,415	454,137	45,989
WALTER J CURRAN MD FORMER BD MEM (EMCF)	15 0 45 0						X	583,060	941,312	127,521
J WILLIAM ELEY MD FORMER BD MEM (EMCF)	4 0 56 0						X	16,576	358,719	39,403
GREG ESPER MD FORMER BD MEM (TEC)	60 0 0 0						X	433,640	8,737	47,423
DAVID M GUIDOT MD FORMER BD MEM (EHC)	45 0 0 0						X	51,275	168,694	17,952
LAUREEN HILL MD FORMER BD MEM (EMCF)	45 0 15 0						X	400,061	159,851	33,552
MICHAEL M E JOHNS MD SEE SCH J PART III	0 0 41 0						X	0	67,497	21,776
YOUSUF KHALIFA MD FORMER BD MEM (EMCF)	0 0 45 0						X	0	309,405	45,006

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			
CHRISTIAN P LARSEN MD SEE SCH J PART III	20 0 40 0						X	329,285	679,241	47,303
THOMAS J LAWLEYMD FORM BD MEM (EHC,ECC,EMCF,TEC)	20 0 25 0						X	0	457,816	46,175
DOUGLAS E MATTOX MD FORMER BD MEM (EMCF)	48 0 12 0						X	608,798	116,990	48,532
DOUGLAS C MORRIS MD FORMER BD MEM (ESJ,EHC,TEC)	56 0 4 0						X	337,862	73,089	36,923
TIMOTHY OLSEN MD FORM BD MEM (TEC,EMCF)	15 0 25 0						X	57,797	132,640	33,489
TRISTRAM G PARSLOW MD FORM BD MEM (EMCF)	38 0 22 0						X	483,354	276,661	45,917
MARK RAPAPORT MD FORMER BD MEM (EMCF)	16 0 44 0						X	286,364	502,730	53,806
CHAD RITENOUR MD FORMER BD MEM (EMCF)	0 0 60 0						X	157,013	387,422	30,343
JAMES ROBERSON MD FORMER BD MEM (EMCF)	48 0 12 0						X	1,035,168	114,981	39,254
ROBIN RUTHERFORD FORMER BD MEM (TEC)	40 0 0 0						X	48,846	607	5,943

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

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 **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		109,164,153	0
Total	1				109,164,153	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1	1	1	1	1	5
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	790,445,038	875,913,613	899,916,318	980,117,065	1,028,766,940	4,575,158,974
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	790,445,039	875,913,614	899,916,319	980,117,066	1,028,766,941	4,575,158,979
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						4,575,158,979

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	790,445,039	875,913,614	899,916,319	980,117,066	1,028,766,941	4,575,158,979
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,755,922	273,548	1,719,913	1,024,761	859,717	5,633,861
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,755,922	273,548	1,719,913	1,024,761	859,717	5,633,861
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	58,813,366	51,664,296	7,739,518	29,356,152	75,391,419	222,964,751
13 Total support. (Add lines 9, 10c, 11, and 12.)	851,014,327	927,851,458	909,375,750	1,010,497,979	1,105,018,077	4,803,757,591
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	95.241 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.903 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.117 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.108 %
19a 33 1/3% support tests—2017. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
		1	Yes
		2	No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
		1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		
		2a	
		2b	
		3a	
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	0
b	Average monthly cash balances	1b	0
c	Fair market value of other non-exempt-use assets	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2	Acquisition indebtedness applicable to non-exempt use assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2017 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. 0			
c From 2014. 0			
d From 2015. 0			
e From 2016. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2017 distributable amount			0
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2017 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2018. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2013. 0			
b Excess from 2014. 0			
c Excess from 2015. 0			
d Excess from 2016. 0			
e Excess from 2017. 0			

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

Facts And Circumstances Test

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 \$75,385,454

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

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

8 Does each conservation easement reported on line 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	1,355,912	1,185,000	585,000	585,000	585,000
b Contributions		150,912	600,000		0
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,355,912	1,335,912	1,185,000	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 |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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
1a Land		20,500,427		20,500,427
b Buildings		419,814,790	192,934,950	226,879,840
c Leasehold improvements		131,952,757	66,617,797	65,334,960
d Equipment		686,359,694	538,784,191	147,575,503
e Other		10,282,124	9,907,268	374,856
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				460,665,586

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	32,645,075
(2) ASSETS LIMITED AS TO USE	17,948,549
(3) OTHER	82,669,920
(4) GOODWILL	400,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	133,663,544

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO EMORY UNIVERSITY - DEBT	202,044,512
GENERAL&PROFESSIONAL LIABILITY	12,466,675
DIST PAYABLE TO DEPARTMENTS	12,367,818
OTHER	4,765,575
THIRD PARTY SETTLEMENTS	12,848,554
DIST PAYABLE TO OTHERS	2,930,571
DUE TO INTERCOMPANY	32,645,076
ACCRUED PENSION&457B LIABILITY	76,870,697
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	356,939,478

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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	202,044,512
GENERAL&PROFESSIONAL LIABILITY	12,466,675
DIST PAYABLE TO DEPARTMENTS	12,367,818
OTHER	4,765,575
THIRD PARTY SETTLEMENTS	12,848,554
DIST PAYABLE TO OTHERS	2,930,571
DUE TO INTERCOMPANY	32,645,076
ACCRUED PENSION&457B LIABILITY	76,870,697

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 UNIVERSITY'S AUGUST 31, 2018 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 DEFINED 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 CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS UNRELATED BUSINESS INCOME OF THE UNIVERSITY IS REPORTED ON FORM 990-T IN DECEMBER 2017, THE TAX CUTS AND JOBS ACT (THE ACT) WAS APPROVED BY THE UNITED STATES CONGRESS EMORY IS CURRENTLY EVALUATING THE IMPACT OF THE ACT "

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.**

Employer identification number
 90-0790361

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,260,703	0	16,260,703	0 800 %
b Medicaid (from Worksheet 3, column a)			25,581,428	18,804,469	6,776,959	0 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			41,842,131	18,804,469	23,037,662	1 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			88,121	3,000	85,121	0 %
f Health professions education (from Worksheet 5)			2,142,572	0	2,142,572	0 110 %
g Subsidized health services (from Worksheet 6)			45,681,165	18,805,974	26,875,191	1 330 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			287,219	0	287,219	0 010 %
j Total Other Benefits			48,199,077	18,808,974	29,390,103	1 460 %
k Total Add lines 7d and 7j			90,041,208	37,613,443	52,427,765	2 590 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 38,375,149		
3 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.	3 767,000		
4 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

5 Enter total revenue received from Medicare (including DSH and IME).	5 123,132,312		
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 159,223,085		
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -36,090,773		
8 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

9a Did the organization have a written debt collection policy during the tax year?	9a Yes	
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.	9b Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

2

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

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
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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			
13	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	13 Yes	
a	<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	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART VI</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	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		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	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)		
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

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
23		No
24		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 HTTP //WHSC EMORY EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2018/INDEX HTML

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 \$38,375,149 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 8 85%

Form and Line Reference	Explanation
PART I, LINE 7	<p>FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST EMORY UNIVERSITY INCLUDE ES 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 UNIVERSIT Y SCHOOL OF MEDICINE, NELL HODGSON WOODRUFF SCHOOL OF NURSING, ROLLS SCHOOL OF PUBLIC HE ALTH, WINSHIP CANCER INSTITUTE, YERKES NATIONAL PRIMATE RESEARCH CENTER, AND EMORY HEALTHC ARE, WHICH IS THE WHSC'S SYSTEM OF HEALTH CARE OPERATIONS EMORY HEALTHCARE INCLUDES PHYSI CIAN GROUPS FOR PEDIATRIC AND ADULT PATIENTS AS WELL AS THE FOLLOWING HOSPITALS (1) FOUR GENERAL AND ACUTE CARE HOSPITALS EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & 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 HOSP ITAL 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 O F DIFFERENT EMORY ENTITIES EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & SPI NE HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA ARE OP ERATING DIVISIONS OF EMORY UNIVERSITY EMORY JOHNS CREEK HOSPITAL AND SAINT JOSEPH'S HOSPI TAL OF ATLANTA, INC ARE PART OF A JOINT VENTURE WITH SAINT JOSEPH'S HEALTH SYSTEM INC EM ORY REHABILITATION HOSPITAL IS PART OF A JOINT VENTURE WITH SELECT MEDICAL CORPORATION IN ADDITION, EMORY HAS CLOSE WORKING RELATIONSHIPS WITH OTHER HOSPITALS, INCLUDING GRADY MEM ORIAL 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 SUPP LIER 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 HOS PITALS IN THE SOUTHEAST EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, AS WELL AS GRADY, THE ATLANTA VA, AND CHILDR E N'S HEALTHCARE OF ATLANTA, INC SERVE AS TEACHING FACILITIES FOR THE EMORY UNIVERSITY SCHO OL OF MEDICINE (PROVIDING VENUES FOR RESIDENCY TRAINING) AND EMORY'S NELL HODGSON WOODRUFF SCHOOL OF NURSING (PROVIDING DEDICATED EDUCATION UNITS FOR NURSING STUDENTS) EMORY UNIVE RSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN ALSO ARE ACTIVE SITES WITHIN THE CLIN ICAL INTERACTION NETWORK OF THE NIH-SPONSORED ATLANTA CLINICAL & TRANSLATIONAL SCIENCE INS TITUTE (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 IN VOLVES MOREHOUSE SCHOOL OF MEDICINE AND THE GEORGIA INSTITUTE OF TECHNOLOGY THROUGH THE E MORY MEDICAL CARE FOUNDATION, INC (EMCF), WHICH IS CONTROLLED BY EMORY UNIVERSITY, EMORY PHYSICIANS PROVIDED \$36 3 MILLION IN UNCOMPENSATED PATIENT CARE TO GRADY IN FY 2018 IN AD DITION, EMCF INVESTS ANY REIMBURSEMENTS THAT EMORY FACULTY DO RECEIVE FOR SERVICES RENDERE D AT GRADY TO UPGRADE EQUIPMENT AND SUPPORT VITAL SERVICES PROVIDED BY EMORY PHYSICIANS WO RKING AT GRADY EMCF INVESTED \$53 1 MILLION FOR THIS PURPOSE IN FY 2018 EMORY ALSO PROVID ES 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 COMM UNITY BENEFIT ATTRIBUTED TO THE ORGANIZATION IS LOCATED ON PART I, LINE 7 OF SCHEDULE H F OR 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 COMM UNITY BENEFIT REPORT AT HTTP //WHSC EMORY EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2018/INDEX HTML 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 HTTP //WHSC EMORY EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2018/CC-OVERVIEW HTM L IN COMPARISON WITH OTHER HOSPIT ALS IN METRO ATLANTA AND THE SURROUNDING COMMUNITY, EMORY HEALTHCARE HOSPITALS ARE REFERRE D 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 TREATM ENT RECOURSE THESE SICKEST-OF-THE-SICK PATIENTS ARE NOT ONLY THE MOST CLINICALLY CHALLENG ING BUT ALSO THE MOST COSTLY PATIENTS TO TREAT AT EMORY, SUCH PATIENTS FIND CLINICIANS DE TERMINED 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 S YSTEM CONSORTIUM DATABASE, WHICH MEANS THAT ITS PA</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>TIENTS ARE AMONG THE SICKEST TREATED ANYWHERE IN THE COUNTRY AND INCLUDE PATIENTS 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 Orthopaedics & Spine Hospital (EUOSH), an extension of EUH's acute care services, is a 120-bed facility that provides medical and surgical care for orthopaedic and spine patients as well as general acute care for patients with nonsurgical needs. As a not-for-profit academic medical center, EUH and EUOSH are committed to providing the best care for our patients, educating health professionals and leaders for the future, pursuing discovery research, and serving our community. 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 & 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. 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 HTTP //WWW EMORYHEALTHCARE ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE HTML

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 HTTP //WWW EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML

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, LINES 3E, 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 HTTP //WWW EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML</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 HTTP //WWW EMORYHEALTHCARE ORG/ABOUT/COMMUNITY HTML

Schedule H (Form 990) 2017

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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		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
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)
1 Emory at Acworth 4769 South Main Street Acworth, GA 30101	Clinic Center
1 Emory at Acworth 4791 S Main St Units 100 110 120 Acworth, GA 30101	Clinic Center
2 Emory Dialysis Center at Northside 610 Northside Drive Atlanta, GA 30318	Clinic Center
3 Emory Heart & Vascular Center 5665 Peachtree Dunwoody Road Atlanta, GA 30342	Clinic Center
4 Emory Dialysis at Greenbriar 2841 Greenbriar Prkwy Atlanta, GA 30331	Clinic Center
5 Emory Orthopaedics & Spine Center 59 Executive Park South Atlanta, GA 30329	Clinic Center
6 Emory Aesthetic Center 3200 Downwood Circle Atlanta, GA 30327	Clinic Center
7 Emory Clinic 5671 Peachtree Dunwoody Rd Suite 2 Atlanta, GA 30342	Clinic Center
8 Emory Brain Health Center 12 Executive Park Drive NE Atlanta, GA 30324	Clinic Center
9 Emory Clinic 5673 Peachtree Dunwoody Rd Suite 6 Atlanta, GA 30342	Clinic Center
10 Emory Clinic 5673 Peachtree Dunwoody Rd Suite 3 Atlanta, GA 30342	Clinic Center
11 Emory Clinic 5673 Peachtree Dunwoody Rd Suite 5 Atlanta, GA 30342	Clinic Center
12 Emory at St Joseph's Pulmonary Med 5673 Peachtree Dunwoody Rd Suite 52 Atlanta, GA 30342	Clinic Center
13 Emory Clinic 1365 Clifton Road Building A Atlanta, GA 30322	Clinic Center
14 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)
16 Emory Clinic 1365 Clifton Road Building C Atlanta, GA 30322	Clinic Center
1 Emory Clinic 1525 Clifton Road 1525 Building Atlanta, GA 30322	Clinic Center
2 Emory Clinic 550 Peachtree St Medical Office To Atlanta, GA 30308	Clinic Center
3 Emory Women's Center 5673 Peachtree Dunwoody Rd Suite 7 Atlanta, GA 30342	Clinic Center
4 Emory Heart & Vascular Center 1400 Wellbrook Circle Conyers, GA 30207	Clinic Center
5 Emory at Covington Hospital Drive 4181 Hospital Drive Covington, GA 30014	Clinic Center
6 Emory Heart & Vascular Center 634 Peachtree Parkway Cumming, GA 30041	Clinic Center
7 Emory at Cumming 610 Peachtree Parkway Suite 100 Cumming, GA 30041	Clinic Center
8 EMORY DIALYSIS CENTER AT DECATUR 2165 N Decatur Road Suite 100 Decatur, GA 30030	Clinic Center
9 Emory Heart & Vascular Center 2801 North Decatur Road Decatur, GA 30033	Clinic Center
10 Emory Dialysis Center at Candler 2726 Candler Road Decatur, GA 30034	Clinic Center
11 EMORY COORDINATED CARE CENTER 484 Irvin Court Decatur, GA 30030	Clinic Center
12 Emory at Duluth Heart & Vascular 4245 Pleasant Hill Road Duluth, GA 30096	Clinic Center
13 Emory at Sugarloaf 1845 Satellite Blvd Duluth, GA 30097	Clinic Center
14 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)
31 Emory at Dunwoody 4500 North Shallowford Road Dunwoody, GA 30338	Clinic Center
1 Emory at Dunwoody Family Practice 1776 Old Spring House Lane Suite 2 Dunwoody, GA 30338	Clinic Center
2 Emory at Fayetteville Heart & Vascular 115 Sumner Road Fayetteville, GA 30214	Clinic Center
3 Emory Heart & Vascular Center 6335 Hospital Parkway Suite 110 Johns Creek, GA 30097	Clinic Center
4 Emory Clinic Orthopaedics Sports & Spine 6335 Hospital Pkwy Suites 301302 Johns Creek, GA 30097	Clinic Center
5 EMORY CLINIC 6335 Hospital Parkway Suite 203 Johns Creek, GA 30097	Clinic Center
6 Emory at LaGrange Ambulatory Surgery 1805 Vernon Road LaGrange, GA 30240	Clinic Center
7 Emory at LaGrange Davis Road 380 South Davis Road Suites E F LaGrange, GA 30241	Clinic Center
8 Emory at LaGrange Smith Street 303 Smith Street LaGrange, GA 30240	Clinic Center
9 SOUTHERN CENTER FOR ORTHOPAEDICS 1801 Vernon Road LaGrange, GA 30240	Clinic Center
10 EMORY HEART & VASCULAR CENTER 5461 Hillandale Drive Lithonia, GA 30058	Clinic Center
11 Emory at Locust Grove Heart & Vascular 4851 Bill Gardner Pkwy Locust Grove, GA 30248	Clinic Center
12 Emory Women's Heart Center 137 Johnson Ferry Road Marietta, GA 30068	Clinic Center
13 Emory at East Cobb 137 Johnson Ferry Road Marietta, GA 30068	Clinic Center
14 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)
46 EUHM Imaging Center at McDonough 249 Jonesboro Road McDonough, GA 30253	Clinic Center
1 Emory at Peachtree City 3000 Shakerag Hill Peachtree City, GA 30269	Clinic Center
2 Emory at Riverdale 6507 Professional Place Riverdale, GA 30274	Clinic Center
3 Emory at Roswell 1400 Hembree Rd Roswell, GA 30076	Clinic Center
4 Emory at Sharpsburg 3345 E Highway 34 Suite 101 Sharpsburg, GA 30277	Clinic Center
5 Emory at Snellville 1608 Tree Lane Snellville, GA 30078	Clinic Center
6 Emory at Stockbridge Highway 138 3579 Highway 138 Stockbridge, GA 30281	Clinic Center
7 EMORY AT STOCKBRIDGE HEART & VASCULAR 1050 EAGLES LANDING PKWY SUITE 101 Stockbridge, GA 30281	Clinic Center
8 Emory at Eagles Landing 1050 Eagles Landing Pkwy SUITE 20 Stockbridge, GA 30281	Clinic Center
9 Emory Heart & Vascular CENTER 401 Permian Way Villa Rica, GA 30180	Clinic Center
10 Emory at West Point 1610 E 10th Street West Point, GA 31833	Clinic Center
11 EMORY ORTHOPAEDICS & SPINE CENTER 57 EXECUTIVE PARK SOUTH ATLANTA, GA 30329	CLINIC CENTER
12 EMORY AT SAINT JOSEPH'S PRIMARY CARE 5673 PEACHTREE DUNWOODY Rd NE Suit ATLANTA, GA 30342	CLINIC CENTER
13 EMORY CLINIC 1845 Satellite Blvd SUITE 600 DULUTH, GA 30094	CLINIC CENTER
14 EMORY AT AVALON 2795 OLD MILTON PARKWAY ALPHARETTA, GA 30004	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)
61 EMORY AT BUFORD 3276 BUFORD DRIVE BUFORD, GA 30519	CLINIC CENTER
1 EMORY HEART & VASCULAR CENTER 110 SOUTH MAIN STREET HIAWASSEE, GA 30546	CLINIC CENTER
2 EMORY AT SMYRNA 3903 SOUTH COBB DRIVE SUITE 120 SMYRNA, GA 30080	CLINIC CENTER
3 EMORY AT TUCKER 1459 MONTREAL ROAD SUITE 305 TUCKER, GA 30084	CLINIC CENTER
4 EMORY CLINIC (HARKIN ROSWELL) 1570 HOLCOMB BRIDGE ROAD ROSWELL, GA 30076	CLINIC CENTER
5 EMORY AT OLD FOURTH WARD 740 RALPH MC GILL BLVD NE ATLANTA, GA 30312	CLINIC CENTER
6 EMORY AT PEACHTREE HILLS 2200 PEACHTREE HILLS NW ATLANTA, GA 30309	CLINIC CENTER
7 EMORY CLINIC 5671 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342	CLINIC CENTER
8 EMORY CLINIC 5671 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342	CLINIC CENTER
9 EMORY CLINIC (HARKEN BROOKHAVEN) 705 TOWN BOULEVARD ATLANTA, GA 30219	CLINIC CENTER
10 EMORY CLINIC (HARKEN AUSTELL) 1850 EAST WEST CONNECTOR AUSTELL, GA 30106	CLINIC CENTER
11 EMORY SPORTS COMPLEX 1968 HAWKS WAY SUITE B BROOKHAVEN, GA 30329	CLINIC CENTER
12 EMORY CLINIC ORTHOPAEDICSSPORTS & SPINE 1567 MILSTEAD ROAD SUITE B CONYERS, GA 30012	CLINIC CENTER
13 EMORY CLINIC (HARKEN DECATUR) 158 PONCE DE LEON AVENUE DECATUR, GA 30308	CLINIC CENTER
14 EMORY CLINIC (HARKEN DULUTH) 3780 OLD NORCROSS ROAD DULUTH, GA 30096	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)
76 EMORY CLINIC 6300 HOSPITAL PKWY SUITE 145 JOHNS CREEK, GA 30097	CLINIC CENTER
1 EMORY CLINIC 6335 HOSPITAL PKWY SUITE 115 JOHNS CREEK, GA 30097	CLINIC CENTER
2 EMORY AMBULATORY SURG CTR 7813 SPIVEY STATION BLVD SUITE 100 JONESBORO, GA 30236	CLINIC CENTER
3 EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 230 JONESBORO, GA 30236	CLINIC CENTER
4 EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 100 JONESBORO, GA 30236	CLINIC CENTER
5 EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 200 JONESBORO, GA 30236	CLINIC CENTER
6 EMORY ORTHOPAEDICS & SPINE CENTER 7813 SPIVEY STATION BLVD SUITE 220 JONESBORO, GA 30236	CLINIC CENTER
7 EMORY CLINIC (HARKEN EAST COBB) 2100 ROSWELL ROAD MARIETTA, GA 30062	CLINIC CENTER
8 EMORY AT BELMONT 1060 WINDY HILL ROAD SE SMYRNA, GA 30080	CLINIC CENTER
9 EMORY CLINIC 3903 SOUTH COBB DRIVE SUITE 275 SMYRNA, GA 30080	CLINIC CENTER
10 EMORY HEART & VASCULAR CENTER 3903 SOUTH COBB DRIVE SUITE 110 SMYRNA, GA 30080	CLINIC CENTER
11 EMORY COORDINATED CARE CENTER 3515 HIGHWAY 138 SE STOCKBRIDGE, GA 30281	CLINIC CENTER
12 EMORY ORTHOPAEDICS & SPINE CENTER 1459 MONTREAL ROAD SUITE 304 TUCKER, GA 30084	CLINIC CENTER

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
EMORY GROUP RETURN

Employer identification number
90-0790361

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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)									
<p>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</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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
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.
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 \$5,450.
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. CHARLES C BARNES, JR \$17,230. CAROL KISSAL \$18,064. JONATHAN S LEWIN, MD \$59,010. STEPHEN D SENCER \$32,884. CLAIRE STERK \$70,200.
FORM 990, SCHEDULE J, PART I, LINE 3	CEO/EXECUTIVE DIRECTOR COMPENSATION. SEE SCHEDULE O DISCLOSURE ON DETERMINATION OF COMPENSATION.
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. HEATHER DEXTER \$52,530. BRYCE GARTLAND, MD \$65,363. SHARON PAPPAS \$70,000. DANE PETERSON \$98,820. 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 \$67,307.
FORM 990, PART VII AND SCHEDULE J, PART II COLUMN A	TITLES: S WRIGHT CAUGHMAN, MD FORMER BOARD MEMBER (ECC,EI,EHC,TEC) MICHAEL M E JOHNS, MD FORMER BOARD MEMBER (TEC,WWC,ECC,EHC,EI) CHRISTIAN P LARSEN, MD FORMER BOARD MEMBER (EHC,EMCF,TEC,ECC) JONATHAN S 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,ESJ) PRESIDENT (ESJ)

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY BETH ALLEN CHIEF HR OFFICER	(i)	370,138	232,070	36,209	18,900	10,873	668,190	0
	(ii)	0	0	0	0	0	0	0
1 MICHAEL ANDRECHAK OFFICER (EI) - TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	316,937	10,000	0	24,300	19,023	370,260	0
2 LAURA ASPEY MD BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	173,220	7,457	0	15,918	14,805	211,400	0
3 CHRISTOPHER AUGOSTINI BD MEM (EHC, EI)	(i)	0	0	0	0	0	0	0
	(ii)	458,701	0	203,700	24,300	11,502	698,203	0
4 CHARLES C BARNES JR FORMER BD MEM (EHC, EI)	(i)	0	0	0	0	0	0	0
	(ii)	540,752	315,720	17,230	24,300	9,159	907,161	0
5 DANIEL L BARROW MD BD MEMBER (EMCF)	(i)	731,108	494,936	31,608	0	15,221	1,272,873	0
	(ii)	261,612	0	396	28,147	5,100	295,255	0
6 JEFF BAXTER SEC (EHC,ES,SJHA)	(i)	0	37,500	0	0	1,501	39,001	0
	(ii)	348,809	15,000	600	22,325	21,572	408,306	0
7 JENNIFER BLAKELY SECRETARY (TEC)	(i)	0	0	0	0	0	0	0
	(ii)	137,164	0	0	12,193	11,600	160,957	0
8 FRANK W BROWN MD FORMER BD MEM (WWC)	(i)	57,805	62,003	6,833	0	35	126,676	0
	(ii)	234,840	0	4,170	22,050	164	261,224	0
9 DONALD I BRUNN FORMER BD MEM (TEC,ECC)	(i)	488,897	334,761	56,225	18,900	27,410	926,193	0
	(ii)	0	0	0	0	0	0	0
10 TIMOTHY BUCHMAN MD FORMER BD MEM (EHC)	(i)	526,973	154,747	30,976	0	11,208	723,904	0
	(ii)	16,343	0	396	30,100	7,004	53,843	0
11 DAVID T BURKE MD FORMER BD MEM (EMCF)	(i)	170,552	63,817	6,994	0	15,128	256,491	0
	(ii)	179,448	0	396	27,575	6,216	213,635	0
12 S WRIGHT CAUGHMAN MD SEE SCH J PART III	(i)	59,070	0	8,345	0	10,918	78,333	0
	(ii)	426,949	0	27,188	29,384	5,687	489,208	0
13 CARLA CHANDLER BD MEMBER (WWC)	(i)	0	83,715	30	0	2,495	86,240	0
	(ii)	280,703	0	1,102	18,157	21,246	321,208	0
14 JUNE CONNOR BD MEMBER (WWC)	(i)	18,216	68,361	198	0	10,347	97,122	0
	(ii)	245,067	0	1,517	11,434	0	258,018	0
15 WALTER J CURRAN MD FORMER BD MEM (EMCF)	(i)	228,016	322,610	32,434	0	16,605	599,665	0
	(ii)	939,788	0	1,524	105,828	5,088	1,052,228	0
16 SCOTT DAVIS JR MD BD MEMBER (TEC)	(i)	327,859	28,952	11,505	0	20,714	389,030	0
	(ii)	0	0	12	22,110	204	22,326	0
17 CARLOS DEL RIO MD BD MEMBER (EMCF)	(i)	1,373	6,209	1,817	0	7,431	16,830	0
	(ii)	478,274	25,000	288	24,906	1,014	529,482	0
18 HEATHER DEXTER BD MEMBER (SJHA) CEO	(i)	349,196	208,971	2,027	71,430	34,272	665,896	0
	(ii)	0	0	0	0	0	0	0
19 WILLIAM ELEY MD FORMER BD MEM (EMCF)	(i)	14,479	217	1,880	0	11,317	27,893	0
	(ii)	356,920	403	1,396	23,632	4,454	386,805	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				
21GREG ESPER MD FORMER BD MEM (TEC)	(i)	358,286	60,337	15,017	0	23,658	457,298	0
	(ii)	8,725	0	12	22,161	1,604	32,502	0
1BRYCE GARTLAND MD BD MEMBER (WWC)	(i)	5,304	253,485	30	65,363	17,687	341,869	0
	(ii)	438,085	0	1,197	18,860	5,280	463,422	0
2MATTHEW GARY MD PHYSICIAN	(i)	540,710	807,245	11,397	0	23,608	1,382,960	0
	(ii)	0	0	9	21,960	207	22,176	0
3DAVID M GUIDOT MD FORMER BD MEM (EHC)	(i)	34,802	14,568	1,905	0	654	51,929	0
	(ii)	145,650	22,786	258	17,081	217	185,992	0
4MAUREEN HALDEMAN COO (TEC)	(i)	435,168	263,226	608	16,200	21,559	736,761	0
	(ii)	0	0	0	0	0	0	0
5RICHARD HANSEN MD BD MEMBER (ESJ)	(i)	313,920	41,814	23,725	6,585	10,208	396,252	0
	(ii)	0	0	0	0	0	0	0
6JAMES T HATCHER TREASURER (ESJ)	(i)	500,047	516,175	46,524	18,900	18,294	1,099,940	0
	(ii)	0	0	0	0	0	0	0
7KATHERINE HEILPERN MD BD MEMBER (EMCF)	(i)	290,800	121,952	30,274	0	15,245	458,271	0
	(ii)	286,452	0	258	29,997	6,506	323,213	0
8LAUREEN HILL MD FORMER BD MEM (EMCF)	(i)	374,794	25,267	0	0	5,773	405,834	0
	(ii)	159,657	0	194	26,819	960	187,630	0
9ASHLEY HOFFMAN SECRETARY (TEC)	(i)	0	0	0	0	0	0	0
	(ii)	167,876	3,500	0	12,751	5,389	189,516	0
10IRA HOROWITZ MD BD MEM (EMCF,EHC,TEC)	(i)	553,774	153,552	33,312	0	14,903	755,541	0
	(ii)	144,296	0	396	27,351	8,751	180,794	0
11LUCKY JAIN MD BD MEM (ECC)	(i)	0	0	0	0	0	0	0
	(ii)	247,185	48,529	3,960	22,500	8,948	331,122	0
12MICHAEL M E JOHNS MD SEE SCH J PART III	(i)	0	0	0	0	0	0	0
	(ii)	62,333	0	5,164	5,880	15,896	89,273	0
13THEODORE JOHNSON MD BD MEMBER (EHC)	(i)	144,300	89,985	0	0	1,257	235,542	0
	(ii)	212,725	0	738	27,001	30,700	271,164	0
14YOUSUF KHALIFA MD FORMER BD MEM (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	297,008	12,397	0	22,706	22,300	354,411	0
15CAROL KISSAL BD MEM (ESJ)	(i)	0	0	0	0	0	0	0
	(ii)	456,030	0	18,664	24,300	23,590	522,584	0
16DAVID KOOBY MD BD MEM (SJHA)	(i)	419,738	39,459	13,137	0	10,487	482,821	0
	(ii)	15,584	0	101	23,044	6,261	44,990	0
17CHRISTIAN P LARSEN MD SEE SCH J PART III	(i)	295,520	0	33,765	0	11,249	340,534	0
	(ii)	269,324	409,000	917	30,100	5,954	715,295	0
18THOMAS J LAWLEYMD FORM BD MEM (EHC,ECC,EMCF,TEC)	(i)	0	0	0	0	0	0	0
	(ii)	433,852	0	23,964	29,800	16,375	503,991	0
19ALLAN I LEVEY MD BD MEMBER (EMCF)	(i)	121,865	142,265	7,531	0	15,620	287,281	0
	(ii)	544,840	1,000	396	30,100	6,216	582,552	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				
41JONATHAN S LEWIN MD SEE SCH J PART III	(i)	643,874	768,825	13,598	0	15,620	1,441,917	0
	(ii)	634,536	0	66,768	24,300	9,298	734,902	0
1MICHAEL LINDSAY MD BD MEM (EMCF)	(i)	1,200	0	0	0	1,501	2,701	0
	(ii)	375,584	0	600	24,396	15,554	416,134	0
2SAGAR LONIAL MD BD MEMBER (EMCF)	(i)	309,313	152,768	24,995	0	1,305	488,381	0
	(ii)	229,072	0	138	28,906	1,194	259,310	0
3CATHERINE MALONEY BD MEMBER (WWC)	(i)	0	55,043	30	0	1,978	57,051	0
	(ii)	201,372	0	1,542	12,509	27,038	242,461	0
4JO ANN MANNING VP&CFO (SJH,EJC)	(i)	292,039	83,698	1,258	16,800	12,210	406,005	0
	(ii)	0	0	0	0	0	0	0
5DOUGLAS E MATTOX MD FORMER BD MEM (EMCF)	(i)	487,541	96,792	24,465	0	14,865	623,663	0
	(ii)	115,754	0	1,236	25,741	7,926	150,657	0
6DWIGHT A MC BRIDE BD MEMBER (EI)	(i)	0	0	0	0	0	0	0
	(ii)	348,462	0	162,510	24,300	5,866	541,138	0
7LIZ MC CARTY SEC TREASURER (ECC)	(i)	0	0	0	0	0	0	0
	(ii)	225,074	27,500	35	20,394	8,639	281,642	0
8GERARD MC GORISK MD BD MEMBER (TEC)	(i)	388,047	106,326	12,181	22,095	21,356	550,005	0
	(ii)	0	0	0	0	0	0	0
9ANNE M MC KENZIE- BROWN BD MEMBER (EHC)	(i)	343,045	29,732	15,297	22,110	22,272	432,456	0
	(ii)	0	0	0	0	0	0	0
10CAROLYN MELTZER MD BD MEM (TEC,EMCF)	(i)	426,858	139,477	30,274	0	11,280	607,889	0
	(ii)	287,691	0	258	30,100	6,208	324,257	0
11BROOKE MOORE BD MEMBER & CFO (TEC)	(i)	282,590	73,761	404	17,602	19,181	393,538	0
	(ii)	0	0	0	0	0	0	0
12DOUGLAS C MORRIS MD FORMER BD MEM (ESJ,EHC,TEC)	(i)	320,800	394	16,668	0	10,047	347,909	0
	(ii)	58,153	11,204	3,732	22,420	4,456	99,965	0
13GRAYSON NORQUIST BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	270,918	11,706	0	24,300	10,139	317,063	0
14ADEDAP ODETOYINBO MD BD MEMBER (ESJ)	(i)	270,009	63,712	11,618	0	11,358	356,697	0
	(ii)	0	0	768	22,125	17,418	40,311	0
15TIMOTHY OLSEN MD FORM BD MEM (TEC,EMCF)	(i)	38,852	0	18,945	0	655	58,452	0
	(ii)	131,971	0	669	15,627	17,207	165,474	0
16SHERVIN OSKOU EI MD PHYSICIAN	(i)	863,698	886,551	11,523	0	20,696	1,782,468	0
	(ii)	0	0	0	22,020	216	22,236	0
17SHARON PAPPAS BD MEMBER (WWC)	(i)	399,815	230,403	7,905	70,000	19,189	727,312	0
	(ii)	0	0	0	0	0	0	0
18TRISTRAM G PARSLOW MD FORM BD MEM (EMCF)	(i)	283,450	168,928	30,976	0	11,244	494,598	0
	(ii)	276,265	0	396	27,669	7,004	311,334	0
19DANE PETERSON BD MEMBER (ESJ)	(i)	666,393	411,743	38,470	115,020	35,336	1,266,962	67,307
	(ii)	1,000	0	0	0	0	1,000	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				
61 SURESH RAMALINGHAM MD BD MEMBER (EHC)	(i)	207,983	22,869	20,673	0	1,420	252,945	0
	(ii)	246,160	0	690	27,820	28,414	303,084	0
1 MARK RAPAPORT MD FORMER BD MEM (EMCF)	(i)	168,700	103,090	14,574	0	15,620	301,984	0
	(ii)	497,834	4,500	396	30,100	8,086	540,916	0
2 DAN REFAI MD PHYSICIAN	(i)	823,048	938,447	11,505	0	25,407	1,798,407	0
	(ii)	0	0	12	22,020	204	22,236	0
3 WILLIAM REISMAN MD BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	647,259	27,535	0	24,300	15,236	714,330	0
4 JOHN M RHEE MD PHYSICIAN	(i)	1,078,486	1,112,869	11,775	0	19,748	2,222,878	0
	(ii)	0	0	18	22,095	198	22,311	0
5 CHAD RITENOUR MD FORMER BD MEM (EMCF)	(i)	43,293	100,628	13,092	0	6,314	163,327	0
	(ii)	386,698	0	724	22,833	1,196	411,451	0
6 JAMES ROBERSON MD FORMER BD MEM (EMCF)	(i)	690,600	315,297	29,271	0	10,538	1,045,706	0
	(ii)	114,219	0	762	24,382	4,334	143,697	0
7 ROBIN RUTHERFORD FORMER BD MEM (TEC)	(i)	37,512	0	11,334	0	852	49,698	0
	(ii)	0	0	607	3,072	2,019	5,698	0
8 MARTIN G SANDA MD FORMER BD MEM (EMCF)	(i)	379,000	101,229	29,517	0	15,298	525,044	0
	(ii)	216,810	0	258	28,768	8,748	254,584	0
9 JEN SCHUCK BD MEMBER (WWC)	(i)	168,297	44,568	399	11,883	9,777	234,924	0
	(ii)	0	0	0	0	0	0	0
10 STEPHEN D SENCER BD MEMBER (EI)	(i)	0	0	0	0	0	0	0
	(ii)	607,130	33,484	0	24,300	32,278	697,192	0
11 MELINDA SIMON PRESIDENT & SECRETARY (EI)	(i)	0	0	0	0	0	0	0
	(ii)	208,881	3,500	0	19,088	23,442	254,911	0
12 CHARLES STALEY MD FORMER BD MEM (TEC)	(i)	370,227	48,237	16,462	0	14,644	449,570	0
	(ii)	65,510	0	258	24,234	8,904	98,906	0
13 DAVID STEPHENS MD BD MEM (EMCF,EHC,ECC,TEC)	(i)	0	166,145	0	0	1,884	168,029	0
	(ii)	814,000	0	21,596	30,100	-1,308	864,388	0
14 CLAIRE STERK FORMER BD MEM (EI)	(i)	0	0	0	0	0	0	0
	(ii)	1,012,651	0	75,650	24,300	70,535	1,183,136	0
15 VIKAS SUKHATME MD BD MEMBER (EHC,TEC,ECC,EMCF)	(i)	42,501	0	30,657	0	1,055	74,213	0
	(ii)	98,780	0	70,364	11,475	295	180,914	0
16 JOHN F SWEENEY MD BD MEMBER (EMCF)	(i)	656,385	125,944	25,708	0	15,043	823,080	0
	(ii)	154,025	0	258	26,824	6,749	187,856	0
17 ROBERT A SWERLICK MD BD MEMBER (TEC)	(i)	93,439	85,588	3,992	0	10,762	193,781	0
	(ii)	204,352	1,147	396	26,222	3,763	235,880	0
18 JOHN VAZQUEZ MD BD MEMBER (TEC)	(i)	280,859	50,293	11,505	0	20,968	363,625	0
	(ii)	0	0	86	10,393	292	10,771	0
19 DAVID W WRIGHT MD BD MEMBER (EMCF)	(i)	7,500	3,000	0	0	1,556	12,056	0
	(ii)	325,449	6,000	1,974	25,524	28,316	387,263	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				
81 WENDY WRIGHT MD BD MEMBER (EHC)	(i)	313,053	12,500	11,505	0	4,260	341,318	0
	(ii)	0	0	318	22,095	6,870	29,283	0
1 SANGWOOK TIM YOON MD PHYSICIAN	(i)	769,961	582,444	12,153	0	11,359	1,375,917	0
	(ii)	15	0	628	22,020	17,408	40,071	0
2 STUART ZOLA FORMER BD MEM (EI)	(i)	0	0	0	0	0	0	0
	(ii)	341,681	0	0	24,300	1,107	367,088	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization EMORY GROUP RETURN

Employer identification number

90-0790361

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: DEVELOPMENT AUTHORITY OF FULTON COUNTY, 58-1506878, 359900tb3, 04-19-2007, 93,515,000, SEE PART VI, X, X.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), 14-17 (Were the bonds issued as part of a current refunding issue?, Were the bonds issued as part of an advance refunding issue?, Has the final allocation of proceeds been made?, Does the organization maintain adequate books and records to support the final allocation of proceeds?).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, 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
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
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?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d 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?								
4 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 %						
5 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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	SEE PART VI							
c Term of hedge		2160 %						
d Was the hedge superintegrated?	X							
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 4B	MERRILL LYNCH CAPITAL SERVICE, INC

Return Reference	Explanation
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.

2017

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

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

Table with 5 main columns: (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
(1) JEANNETTE GUARNER	FAMILY MEM OF FORM BD MEM	296,939	EMPLOYEE		No
(1) JOHN LAWLEY	FAMILY MEM OF FORM BD MEM	145,109	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
(3) LESLIE LAWLEY MD	FAMILY MEM OF FORM BD MEM	216,228	EMPLOYEE		No
(1) MEGAN LAWLEY	FAMILY MEM OF FORM BD MEM	73,787	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
(5) DAVID GOLDSMITH	FAMILY MEM OF FORM BD MEM	199,776	EMPLOYEE		No
(1) CAROLYN KATZEN MD	FAMILY MEM OF FORM BD MEM	122,599	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
(7) GREGORY H CASARELLA	FAMILY MEM OF FORM BD MEM	20,548	EMPLOYEE		No
(1) SHABNAM JAIN	FAMILY MEM OF BD MEMBER	262,550	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
(9) KATHLEEN STEPHENS	FAMILY MEM OF BD MEMBER	89,494	EMPLOYEE		No
(1) MARY BALL	FAMILY MEM OF BD MEMBER	16,719	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
(11) EMILY BARROW	FAMILY MEM OF FORM BD MEM	64,802	EMPLOYEE		No
(1) ANN SENCER	FAMILY MEM OF BD MEMBER	113,294	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
(13) KIM STALEY	FAMILY MEM OF FORM BD MEM	90,147	EMPLOYEE		No
(1) RUTH L PAPPAS	FAMILY MEM OF BD MEMBER	62,587	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
(15) CHRISTOPHER Y CAUGHMAN	FAMILY MEM OF FORM BD MEM	62,602	EMPLOYEE		No
(1) NAEL MCCARTY	FAMILY MEM OF OFFICER	221,578	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
(17) LINDA ORKIN LEWIN MD	FAMILY MEM OF BD MEMBER	91,803	EMPLOYEE		No
(1) CHRISTOPHER STALEY	FAMILY MEM OF FORM BD MEM	25,000	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.

2017

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

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>

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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

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Return Reference	Explanation
FORM 990, PART III, LINE 4	<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 2018, TEC RENDERED \$65 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/SAINTE JOSEPH'S, INC IS A JOINT OPERATING COMPANY THAT CONTROLS THE FOLLOWING ENTITIES SAINTE JOSEPH'S HOSPITAL OF ATLANTA, INC, AND EHCA JOHNS CREEK, LLC EMORY/SAINTE 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, SAINTE JOSEPH'S HEALTH SYSTEM, INC SAINTE JOSEPH'S HOSPITAL OF ATLANTA, INC HAS AS AN OPERATING DIVISION SAINTE JOSEPH'S HOSPITAL, WHICH IS AN ACUTE CARE HOSPITAL LOCATED IN NORTH METRO ATLANTA FOUNDED BY THE SISTERS OF MERCY IN 1880, SAINTE JOSEPH'S HOSPITAL IS ATLANTA'S OLDEST HOSPITAL AND THE ONLY CATHOLIC HOSPITAL IN THE ATLANTA AREA SAINTE JOSEPH'S HOSPITAL IS RECOGNIZED AS A LEADING SPECIALTY-REFERRAL HOSPITAL IN GEORGIA AND ONE OF THE</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>REGION'S PREMIER PROVIDERS OF CARDIAC, VASCULAR, AND ORTHOPAEDIC SERVICES SAINT JOSEPH'S HOSPITAL ALSO OFFERS NEUROLOGIC, VASCULAR, GASTROINTESTINAL, RESPIRATORY, ORTHOPAEDIC, AND CANCER CARE, AMONG OTHER SPECIALTIES THROUGHOUT ITS HISTORY, SAINT JOSEPH'S HOSPITAL HAS BEEN DEDICATED TO FURTHERING THE HEALING MINISTRY OF THE SISTERS OF MERCY BY PROVIDING COMPASSIONATE, CLINICALLY EXCELLENT HEALTH CARE IN THE SPIRIT OF THE LOVING SERVICE TO THOSE IN NEED, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE AS DEMONSTRATED THROUGH ITS MISSION 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 EMORY JOHNS CREEK HOSPITAL SERVES THE CITY OF JOHNS CREEK AND THE SURROUNDING COMMUNITIES OFFERING A FULL RANGE OF SERVICES, INCLUDING EMERGENCY SERVICES STAFFED WITH BOARD-CERTIFIED EMERGENCY PHYSICIANS, SURGERY, CARDIOLOGY, ONCOLOGY, ADVANCED IMAGING CAPABILITIES AND INTENSIVE 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 DEPARTMENTS TO FOCUS ON THE PROVISION OF PROFESSIONAL MEDICAL SERVICES, PROMOTING MEDICAL EDUCATION, AND FURTHERING MEDICAL RESEARCH TO SERVE THE COMMUNITY 4D OTHER PROGRAM SERVICES IN THIS TOTAL ARE FROM EHC, WWC, EI AND ECC SEE ATTACHMENT 1 EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT HTTP://WHSC.EMORY.EDU/HOME/PUBLICATIONS/COMMUNITY-BENEFITS-2018/INDEX.HTML</p>

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Return Reference	Explanation
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, 2018 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

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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>

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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>

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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

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Return Reference	Explanation
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

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Return Reference	Explanation
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

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Return Reference	Explanation
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, 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

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Return Reference	Explanation
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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CONSISTS OF CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING \$9,235,033 CHANGES IN RESTRICTED AND UNRESTRICTED FUNDS \$(833,156)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.

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
(1) EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ROOM ATLANTA, GA 30322 58-0566256	EDUCATION	GA	501(C)(3)	2	NA		No
(2) EMORY MEDICAL LABORATORIES INC 1364 CLIFTON ROAD NE ATLANTA, GA 30322 01-0553460	SEE PART VII	GA	501(C)(3)	3	NA		No
(3) 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	2,213,799	10,401,873		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	-2,746,521	213,368,910	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART I	IDENTIFICATION OF DISREGARDED ENTITIES COLUMN A - NAME #1 EMORY JOHNS CREEK OBSTETRICS & GYNECOLOGY, LLC COLUMN F - DIRECT CONTROLLING ENTITY #2 EMORY HEALTHCARE, INC #3 THE EMORY CLINIC, INC #4 EMORY SPECIALTY ASSOCIATES, LLC #5 EMORY INNOVATIONS, INC #6 EHCA JOHNS CREEK HOLDINGS, LLC #7 EMORY/SAINT JOSEPH'S, INC #8 ES REHABILITATION, 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 990 2012

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
EMORY SPECIALTY ASSOCIATES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 20-4700877	MD PRACTICE	GA	100,117,614	22,077,031	PART VII #2
DIALYSIS ACCESS CENTER OF ATLANTA LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 14-1862166	BILLING	GA	0	0	PART VII #3
EMORY DIALYSIS LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 26-4296847	BILLING	GA	33,138,325	9,136,702	PART VII #3
EMORY MEDICAL GROUP LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 20-8281993	BILLING	GA	0	0	PART VII #4
EMORY PEDIATRICS LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 58-2619196	BILLING	GA	0	0	PART VII #3
EMORY PHYSICAL THERAPY LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 20-0174459	BILLING	GA	11,646,437	0	PART VII #3
EMORY SELECT SERVICES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 27-3126414	BILLING	GA	3,988,628	0	PART VII #3
EMORY CLINICALLY INTEGRATED NETWORK LLC 201 DOWMAN DRIVE 102 ADMIN ATLANTA, GA 30322 45-4610047	SEE PART VII	GA	2,643,776	4,815,139	PART VII #2
EMORY PATIENT-CENTERED PRIMARY CARE LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 45-2665462	BILLING	GA	875,747	0	PART VII #3
DRUG INNOVATION VENTURES AT EMORY LLC 201 DOWMAN DRIVE 101 ADMIN ATLANTA, GA 30322 45-5372942	SEE PART VII	GA	0	2,713,081	PART VII #5
EHCA JOHNS CREEK LLC 201 DOWMAN DRIVE 101 ADMIN ATLANTA, GA 30322 58-2433436	HOSPITAL	GA	171,644,153	266,170,850	PART VII #6
EMORY JOHNS CREEK PHYSICIANS LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 80-0435462	MD PRACTICE	GA	443,663	-934,722	PART VII #6
JOHNS CREEK FAMILY PHYSICIANS LLC 4049 PEACHTREE INDUSTRIAL BLVD SUIT NORCROSS, GA 30071 35-2345865	MD PRACTICE	GA	0	-155,624	PART VII #6
EHCA JOHNS CREEK RADIATION THERAPY LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 36-4635047	BILLING	GA	0	0	PART VII #6
THE MEDICAL GROUP OF SAINT JOSEPH'S LLC 5669 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342 26-0857111	MD PRACTICE	GA	27,103,651	-108,515,588	PART VII #7
SEE PART VII - #1 6335 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 80-0508326	MD PRACTICE	GA	0	151,628	PART VII #6
EHCJOC HOLDINGS LLC 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 58-2137993	SEE PART VII	GA	0	0	PART VII #2
EHCA JOHNS CREEK HOLDINGS LLC 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 45-2721833	SEE PART VII	GA	0	0	PART VII #7
ESOP REHABILITATION LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 80-0954871	BILLING	GA	14,190,858	17,583,125	PART VII #8
EMORY SLEEP CENTER LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-5090816	BILLING	GA	2,717,684	779,919	PART VII #3

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
EMORY AMBULATORY SURG CTR DUNWOODY LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-4115055	SURG CENTER	GA	12,960,408	6,779,251	PART VII #3
EMORY EMPLOYER BASED HEALTH SVC LLC 1365 CLIFTON ROAD NE ATLANTA, GA 30322 47-2061134	BILLING	GA	1,994,099	571,556	PART VII #3
EMORY REHABILITATION LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-4114856	SEE PART VII	GA	0	0	PART VII #2
EMORY OPTICAL LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 81-3114162	HEALTHCARE	GA	4,530,359	0	PART VII #3
EMORY HEALTHCARE SERVICES MANAGEMENTLLC 201 DOWMAN DRIVE ATLANTA, GA 30322 81-4355450	BILLING	GA	0	0	PART VII #2