

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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

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 31

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

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

G Gross receipts \$ 2,708,711,480

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)	3	154
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	86
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	25,752
6 Total number of volunteers (estimate if necessary)	6	1,750
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	763,133	1,589,050
9 Program service revenue (Part VIII, line 2g)	1,788,062,015	2,509,053,997
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,534,205	28,835,562
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,179,898	169,232,871
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,923,539,251	2,708,711,480
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	44,899
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)	1,313,256,401	1,717,613,389
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)	750,606,494	1,174,531,382
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,063,862,895	2,892,189,670
19 Revenue less expenses. Subtract line 18 from line 12	-140,323,644	-183,478,190

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	273,611,555	396,763,343
21 Total liabilities (Part X, line 26)	595,631,316	980,171,490
22 Net assets or fund balances. Subtract line 21 from line 20	-322,019,761	-583,408,147

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 2020-07-14

JAMES T HATCHER CFO, EMORYHEALTHCARE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-07-13 Check if self-employed PTIN P01048557

Firm's name ▶ KPMG LLP Firm's EIN ▶

Firm's address ▶ 300 North Greene Street Suite 400 Greensboro, NC 27401 Phone no. (336) 275-3394

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 \$ 963,696,233 including grants of \$) (Revenue \$ 988,096,775)
See Additional Data

4b (Code:) (Expenses \$ 700,804,935 including grants of \$) (Revenue \$ 769,575,631)
See Additional Data

4c (Code:) (Expenses \$ 506,117,352 including grants of \$) (Revenue \$ 516,258,577)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 592,993,572 including grants of \$ 44,899) (Revenue \$ 404,355,885)

4e Total program service expenses ▶ 2,763,612,092

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 [checked]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	25,752			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a				No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b				
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a				No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b				No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a				No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a				No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c				No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e				No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f				No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a				No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15		Yes		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16				No

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



Section A. Governing Body and Management

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 (154); 1b Enter the number of voting members included in line 1a, above, who are independent (86); 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 2 columns: Question, Answer. 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [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 1440 CLIFTON ROAD SUITE 316 ATLANTA, GA 30322 (404) 686-7519

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	1,589,050		
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		1,589,050		

Program Service Revenue			Business Code			
	2a NET PHYSICIAN SERVICES REVENUE		900099	150,585,113	150,585,113	
b NET PATIENT SERVICE REVENUE		900099	2,294,822,339	2,294,822,339		
c OTHER OPERATING REVENUE		900099	62,452,652	62,452,652		
d MEDICAL DIRECTOR REVENUE-NON EMORY		900099	1,193,893	1,193,893		
e _____						
f All other program service revenue.						
g Total. Add lines 2a-2f			2,509,053,997			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28,835,562			28,835,562
	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	184,092,459	184,092,459			
b CAFETERIA INCOME		900099	2,919,322	2,919,322			
c OTHER		900099	-17,778,910	-17,778,910			
d All other revenue							
e Total. Add lines 11a-11d			169,232,871				
12 Total revenue. See Instructions.			2,708,711,480	2,678,286,868		28,835,562	

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	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,899	44,899		
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	31,260,477	30,775,092	485,385	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,811,283	5,721,050	90,233	
7 Other salaries and wages	1,413,110,480	1,391,168,912	21,941,568	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	267,431,149	271,710,574	-4,279,425	
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	280,688	1,406,518	-1,125,830	
c Accounting	782,213	733,967	48,246	
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)	42,797,661	27,797,026	15,000,635	
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	164,521,566	162,126,699	2,394,867	
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	14,579,593	14,579,593		
21 Payments to affiliates	361,458,924	361,458,924		
22 Depreciation, depletion, and amortization	70,216,922	66,477,652	3,739,270	
23 Insurance	-6,912,852	-9,367,732	2,454,880	
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	270,863,821	270,863,821		
b PURCHASED SERVICES	139,372,868	133,397,572	5,975,296	
c SUPPLIES	332,790,076	332,631,404	158,672	
d REIMBURSEMENTS	-109,587,383	-144,187,899	34,600,516	
e All other expenses	-106,632,715	-153,725,980	47,093,265	
25 Total functional expenses. Add lines 1 through 24e	2,892,189,670	2,763,612,092	128,577,578	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	-746,919,859	1	-902,122,920
	2 Savings and temporary cash investments	141,583,618	2	154,268,376
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	228,376,741	4	263,280,085
	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	3,997,144	8	11,419,977
	9 Prepaid expenses and deferred charges	18,151,647	9	26,455,291
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,519,544,007		
	b Less: accumulated depreciation	10b 889,035,210	460,665,586	10c 630,508,797
	11 Investments—publicly traded securities	34,093,134	11	40,223,146
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	2,309,265
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	133,663,544	15	170,421,326
16 Total assets. Add lines 1 through 15 (must equal line 34)	273,611,555	16	396,763,343	
Liabilities	17 Accounts payable and accrued expenses	180,843,859	17	242,633,137
	18 Grants payable	0	18	0
	19 Deferred revenue	50,000,000	19	50,000,000
	20 Tax-exempt bond liabilities	7,847,979	20	0
	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	356,939,478	25	687,538,353
	26 Total liabilities. Add lines 17 through 25	595,631,316	26	980,171,490
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-339,678,668	27	-600,002,634
	28 Temporarily restricted net assets	16,125,236	28	15,060,816
	29 Permanently restricted net assets	1,533,671	29	1,533,671
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	-322,019,761	33	-583,408,147	
34 Total liabilities and net assets/fund balances	273,611,555	34	396,763,343	

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	2,708,711,480
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,892,189,670
3	Revenue less expenses. Subtract line 2 from line 1	3	-183,478,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-322,019,761
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	-77,910,196
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-583,408,147

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 90-0790361

Name: EMORY GROUP RETURN

Form 990 (2018)

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:

DEKALB HOSPITALS. SEE SCHEDULE O.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$	419,933,586	including grants of \$	) (Revenue \$	227,585,405)
EMORY HEALTHCARE, INC.					

(Code:)	(Expenses \$	29,956,794	including grants of \$	) (Revenue \$	26,059,381)
WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC.					

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$	1,904,987	including grants of \$	) (Revenue \$	143,469)
EMORY INNOVATIONS, INC.					

(Code:)	(Expenses \$	535,675	including grants of \$	) (Revenue \$	-17,483)
EMORY CHILDREN'S CENTER, INC.					

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$	139,442,769	including grants of \$	)	(Revenue \$	150,585,113)
EMORY MEDICAL CARE FOUNDATION, INC.						

(Code:)	(Expenses \$	1,219,761	including grants of \$	44,899)	(Revenue \$	0)
DEKALB MEDICAL CENTER FOUNDATION, 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 MEMBER (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	202,344	33,708
CHRISTOPHER AUGOSTINI BD MEMBER (EHC, EI, ESJ)	3.0 65.0	X						0	1,027,249	52,322
ELLEN A BAILEY BD MEMBER (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						1,059,532	253,895	46,560
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
WILLIAM BROSIUS BD MEMBER (EHC)	1.0 0.0	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						66,700	294,615	44,250
PHILIP COLETTI BD MEMBER (ESJ,SJHA)	2.0 0.0	X						0	0	0
JUNE CONNOR BD MEMBER (WWC)	1.0 60.0	X						140,674	206,305	22,873
SCOTT DAVIS JR MD BD MEMBER (TEC)	61.0 0.0	X						347,887	71,975	43,340
CARLOS DEL RIO MD BD MEMBER (EMCF)	1.0 60.0	X						11,960	496,987	34,332
HEATHER DEXTER BD MEMBER (SJHA) CEO	61.0 0.0	X		X				568,684	0	112,374
SISTER ANGELA EBBERWEIN 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			
LAURA FINDEISS MD BD MEMBER (EMCF)	61.0 0.0	X						75,486	326,572	30,612
CHARLES R FINLEY MD BD MEMBER (EHC)	1.0 0.0	X						0	0	0
DAVID FITZGERALD BD MEMBER (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 MEMBER (EHC)	1.0 0.0	X						0	0	0
BRYCE GARTLAND MD BD MEMBER (WWC,DF)	2.0 60.0	X						227,017	514,533	118,069
CHARLES B GINDEN BD MEMBER (EHC,TEC)	2.0 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
JOHN HAUPERT MD BD MEMBER (EMCF)	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			
IRA HOROWITZ MD BD MEMBER (EHC,TEC)	17.0 45.0	X						797,273	147,751	46,387
THEODORE JOHNSON MD BD MEMBER (EHC)	13.0 48.0	X						250,138	222,351	60,531
CAROL KISSAL BD MEMBER (ESJ)	1.0 60.0	X						0	795,240	49,510
DAVID KOOBY MD BD MEMBER (SJHA)	51.0 10.0	X						503,486	1,831	39,469
JONATHAN S LEWIN MD SEE SCH J PART III	5.0 65.0	X		X				1,396,208	722,628	55,770
MICHAEL LINDSAY MD BD MEMBER (EMCF)	1.0 59.0	X						1,200	420,745	42,530
SAGAR LONIAL MD BD MEMBER (EMCF)	41.0 20.0	X						504,553	232,361	31,581
CATHERINE MALONEY BD MEMBER (WWC)	1.0 60.0	X						249,852	0	42,613
DWIGHT A MC BRIDE BD MEMBER (EI)	1.0 65.0	X						0	769,785	35,314
TOM Mc GAHAN BD MEMBER (EHC,ESJ)	2.0 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			
GERARD MC GORISK MD BD MEMBER (TEC)	2.0 59.0	X						506,579	0	45,252
ANNE M MC KENZIE-BROWN BD MEMBER (EHC)	61.0 0.0	X						426,679	0	44,367
CAROLYN MELTZER MD BD MEMBER (TEC,EMCF)	42.0 20.0	X						596,540	298,017	48,245
BROOKE MOORE BD MEMBER & CFO (TEC)	61.0 0.0	X		X				350,206	0	38,436
ADEDAPO ODETOYINBO MD BD MEMBER (ESJ)	61.0 0.0	X						352,477	625	52,016
GEORGE D OVEREND BD MEMBER (EHC,TEC)	2.0 0.0	X						0	0	0
SHARON PAPPAS BD MEMBER (WWC)	31.0 30.0	X						615,316	15,675	100,207
NANCY PARIS BD MEMBER (EHC)	1.0 0.0	X						0	0	0
DANE PETERSON BD MEMBER (ESJ)	32.0 30.0	X						1,690,063	1,000	175,933
J NEAL PURCELL BD MEMBER (EHC)	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SURESH RAMALINGHAM MD BD MEMBER (EHC)	31.0 30.0	X						296,405	224,459	58,579
MARK RAPAPORT MD BD MEMBER (EMCF)	31.0 30.0	X						317,708	511,026	54,767
JEN SCHUCK BD MEMBER (WWC)	26.0 20.0	X						226,552	0	23,231
STEPHEN D SENCER BD MEMBER (EI)	1.0 65.0	X						0	665,571	58,176
BRUCE SIMMONS BD MEMBER (SJHA)	1.0 0.0	X						0	0	0
DAVID STEPHENS MD BD MEMBER (EMCF)	4.0 57.0	X						326,485	555,630	30,779
VIKAS SUKHATME MD BD MEMBER (EHC, TEC, ECC, EMCF)	4.0 60.0	X						504,910	617,569	44,360
JOHN F SWEENEY MD BD MEMBER (EMCF)	35.0 26.0	X						843,249	136,008	50,155
ROBERT A SWERLICK MD BD MEMBER (TEC)	31.0 30.0	X						205,960	210,233	46,427
ROSALIA THOMAS 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			
CHILTON D VARNER BD MEMBER (ESJ)	1.0 0.0	X						0	0	0
JOHN VAZQUEZ MD BD MEMBER (TEC)	27.0 33.0	X						354,500	18	44,431
SAM A WILLIAMS BD MEMBER (EHC)	1.0 0.0	X						0	0	0
DAVID W WRIGHT MD BD MEMBER (EMCF)	6.0 55.0	X						110,473	345,862	61,805
WENDY WRIGHT MD BD MEMBER (EHC)	61.0 0.0	X						385,034	393	33,655
TIMOTHY BENDIN BD MEMBER (DF)	1.0 0.0	X						0	0	0
MILTON BODEN BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						0	0	0
CATHERINE BONK MD BD MEMBER (EHC,DMC,DRHS,DHR)	4.0 0.0	X						0	0	0
LORETTA J BROWN BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						0	0	0
CHARLES CLIFTON MD SEE SCH J PART III	4.0 0.0	X		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			
OLIVIA EVANS BD MEMBER (DF)	1.0 0.0	X						0	0	0
JAMES FORSTNER BD MEMBER (DF,DMC,DRHS,DHR)	61.0 0.0	X						275,151	0	10,433
MARCUS FOSTER BD MEMBER (DF)	1.0 0.0	X						0	0	0
NICOLE FRANKS MD BD MEMBER (EHC)	1.0 60.0	X						144,190	249,581	51,276
MATTHEW HOGAN BD MEMBER (DF)	41.0 0.0	X						80,834	0	11,232
LUCKY JAIN MD BD MEMBER (ECC)	61.0 0.0	X						0	321,514	31,252
DAVID JOLLAY BD MEMBER (DF,DMC,DRHS,DHR)	4.0 0.0	X						0	0	0
DEE KEETON BD MEMBER (DF)	1.0 0.0	X						0	0	0
JOHN KENNEDY BD MEMBER (DF)	1.0 0.0	X						0	0	0
GREGORY LEVETT SR BD MEMBER(EHC,DF,DMC,DRHS,DHR)	5.0 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			
RAOUL MAYER BD MEMBER (DF)	41.0 0.0	X						145,262	0	14,762
ROBERT MC MAHAN BD MEMBER (DF,DMC,DRHS,DHR)	4.0 0.0	X						0	0	0
AUDREY MORGAN BD MEMBER (DF)	1.0 0.0	X						0	0	0
ELIZABETH NARK BD MEMBER (DF)	1.0 0.0	X						0	0	0
SCOTT OVERCASH BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						0	0	0
DOUGLAS PETERS BD MEMBER (DF)	1.0 0.0	X						0	0	0
KATHY PETERS BD MEMBER (DF)	1.0 0.0	X						0	0	0
MICHAEL QUINONES BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						200,513	0	5,070
BILL RICHENDOLLAR BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						0	0	0
NAIM SHAHEED BD MEMBER (DMC,DRHS,DHR)	3.0 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 E SMITH JR BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						0	0	0
SCOTT STEINBERG BD MEMBER (DMC,DRHS,DHR)	3.0 0.0	X						227,881	0	10,870
DAVIS STEWART BD MEMBER (DF)	1.0 0.0	X						0	0	0
TERRI TEN HOOR BD MEMBER (DF)	1.0 0.0	X						0	0	0
DANIEL THOMPSON SEE SCH J PART III	4.0 0.0	X		X				0	0	0
TINA-ANN THOMPSON BD MEMBER (DF)	41.0 0.0	X						71,619	0	3,422
ROBERT WILSON BD MEMBER (DF,DMC,DRHS,DHR)	44.0 0.0	X						149,551	1,600	40,385
SANDRA ZAYAC BD MEMBER (DF)	1.0 0.0	X						0	0	0
ROBERT WINBORNE BD MEMBER (ESJ)	1.0 0.0	X						0	0	0
MICHAEL ANDRECHAK OFFICER (EI) - TREASURER	0.0 60.0			X				0	350,493	44,579

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			
PATRICK HAMMOND CHIEF MKT SVCS OFFICER (EHC)	30.0 30.0				X			1,134,925	0	52,686
MARILYN MARGOLIS CEO (EJC)	60.0 0.0				X			502,293	0	49,527
SHEILA SANDERS CIO (EHC)	30.0 30.0				X			511,861	0	36,833
DAN REFAI MD PHYSICIAN	60.0 0.0					X		1,883,970	6,000	48,604
JOHN M RHEE MD PHYSICIAN	60.0 0.0					X		2,146,605	28	42,978
SANGWOOK TIM YOON MD PHYSICIAN	60.0 0.0					X		1,597,066	2,083	51,875
FAIZ U AHMAD MD PHYSICIAN	60.0 0.0					X		1,789,662	1,003,050	55,933
KEITH W MICHAEL MD PHYSICIAN	60.0 0.0					X		1,423,718	262,968	38,257
CHARLES C BARNES JR FORMER BD MEM (EHC, EI)	0.0 60.0						X	0	459,700	34,236
FRANK W BROWN MD FORMER BD MEM (WWC)	17.0 43.0						X	112,581	246,101	22,261

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 BRUNN FORMER BD MEM (TEC,ECC)	60.0 0.0						X	841,021	0	47,997
DAVID T BURKE MD FORMER BD MEM (EMCF)	30.0 30.0						X	250,842	203,854	50,954
S WRIGHT CAUGHMAN MD SEE SCH J PART III	20.0 40.0						X	77,704	341,860	44,558
WALTER J CURRAN MD FORMER BD MEM (EMCF)	15.0 45.0						X	462,787	1,039,050	128,540
J WILLIAM ELEY MD FORMER BD MEM (EMCF)	4.0 56.0						X	19,048	366,742	40,451
DAVID M GUIDOT MD FORMER BD MEM (EHC)	45.0 0.0						X	76,019	204,683	23,905
KATHERINE HEILPERN MD FORMER BD MEM (EHC,EMCF)	35.0 25.0						X	161,771	130,226	33,977
MICHAEL M E JOHNS MD SEE SCH J PART III	0.0 41.0						X	0	72,690	21,430
YOUSUF KHALIFA MD FORMER BD MEM (EMCF)	0.0 45.0						X	0	347,032	46,732
ALLAN I LEVEY MD FORMER BD MEM (EMCF)	19.0 41.0						X	259,012	569,874	46,372

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS E MATTOX MD FORMER BD MEM (EMCF)	48.0 12.0						X	660,436	127,744	50,305
DOUGLAS C MORRIS MD FORMER BD MEM (ESJ,EHC,TEC)	56.0 4.0						X	315,145	35,930	38,135
GRAYSON NORQUIST FORMER BD MEM(EMCF)	61.0 0.0						X	292,802	0	34,428
TRISTRAM G PARSLow MD FORM BD MEM (EMCF)	38.0 22.0						X	381,534	276,637	46,525
WILLIAM REISMAN MD FORMER BD MEM (EMCF)	60.0 0.0						X	0	616,156	40,620
JAMES ROBERSON MD FORMER BD MEM (EMCF)	48.0 12.0						X	988,137	118,658	40,769
MARTIN G SANDA MD FORMER BD MEM (EMCF)	30.0 30.0						X	503,768	228,737	51,051
CHARLES STALEY MD FORMER BD MEM (TEC)	60.0 0.0						X	492,409	70,384	48,952
CLAIRE STERK FORMER BD MEM (EI)	0.0 80.0						X	0	1,226,632	512,885
CHRISTIAN P LARSEN MD FORMER BD MEM (EHC,EMCF,TEC)	20.0 40.0						X	409,479	269,869	47,766

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
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		111,723,669	0
Total	1				111,723,669	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	875,913,613	899,916,318	980,117,065	1,028,766,940	1,033,415,337	4,818,129,273
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	875,913,614	899,916,319	980,117,066	1,028,766,941	1,033,415,338	4,818,129,278
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.)						4,818,129,278

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	875,913,614	899,916,319	980,117,066	1,028,766,941	1,033,415,338	4,818,129,278
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273,548	1,719,913	1,024,761	859,717	2,706,086	6,584,025
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	273,548	1,719,913	1,024,761	859,717	2,706,086	6,584,025
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.)	51,664,296	7,739,518	29,356,152	75,391,419	105,249,068	269,400,453
13 Total support. (Add lines 9, 10c, 11, and 12.)	927,851,458	909,375,750	1,010,497,979	1,105,018,077	1,141,370,492	5,094,113,756

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	94.582 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	95.241 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.129 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.117 %

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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	Yes

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 2018 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2018:			
a From 2013. 0			
b From 2014. 0			
c From 2015. 0			
d From 2016. 0			
e From 2017. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2018 from Section D, line 7:			
\$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2014. 0			
b Excess from 2015. 0			
c Excess from 2016. 0			
d Excess from 2017. 0			
e Excess from 2018. 0			

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

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 DEKALB REGIONAL HEALTH SYSTEM, INC. - BOX 12 DECATUR HEALTH RESOURCES, INC. - BOX 3 DEKALB MEDICAL CENTER, INC. - BOX 3 DEKALB MEDICAL CENTER FOUNDATION, INC. - BOX 12

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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 7/25/06, 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,355,912	1,355,912	1,185,000	585,000	585,000
b Contributions	2,759		150,912	600,000	
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	1,358,671	1,355,912	1,335,912	1,185,000	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:
- | | | |
|--|---------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | 3a(i) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3a(ii) | Yes |
| | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,140,427		38,140,427
b Buildings		525,821,995	206,225,067	319,596,928
c Leasehold improvements		158,198,813	79,979,085	78,219,728
d Equipment		784,680,129	592,511,994	192,168,135
e Other		12,702,643	10,319,064	2,383,579
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				630,508,797

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	67,204,260
(2) ASSETS LIMITED AS TO USE	17,576,863
(3) OTHER	85,240,203
(4) GOODWILL	400,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	170,421,326

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	356,558,526
GENERAL&PROFESSIONAL LIABILITY	41,404,217
DIST. PAYABLE TO DEPARTMENTS	15,210,950
OTHER	14,293,741
THIRD PARTY SETTLEMENTS	17,977,067
DIST. PAYABLE TO OTHERS	0
DUE TO INTERCOMPANY	67,204,260
ACCRUED PENSION&457B LIABILITY	174,889,592
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	687,538,353

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	

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	356,558,526
GENERAL&PROFESSIONAL LIABILITY	41,404,217
DIST. PAYABLE TO DEPARTMENTS	15,210,950
OTHER	14,293,741
THIRD PARTY SETTLEMENTS	17,977,067
DIST. PAYABLE TO OTHERS	0
DUE TO INTERCOMPANY	67,204,260
ACCRUED PENSION&457B LIABILITY	174,889,592

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ASC740, INCOME TAXES: ALL ENTITIES INCLUDED IN THIS GROUP RETUR (EHC, TEC, WWC, EMCF, EI, ESJ, SJHA, ECC, DF, DMC, DRHS, DHR) ARE INCLUDED IN THE AUDITED FINANCIALS OF EMORY UNIVER SITY. A COPY OF EMORY UNIVERSITY'S AUGUST 31, 2019 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 TA X-EXEMPT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (T HE 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 C ONSOLIDATED FINANCIAL STATEMENTS. UNRELATED BUSINESS INCOME OF THE UNIVERSITY IS REPORTED ON FORM 990-T".

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.**
 ► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047
2018
Open to Public Inspection

Employer identification number
 90-0790361

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	Yes	
1b If "Yes," was it a written policy?	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 <u>0 %</u>	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 <u>0 %</u>	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			39,893,259	0	39,893,259	1.450 %
b Medicaid (from Worksheet 3, column a)			89,960,973	70,295,969	19,665,004	0.720 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			129,854,232	70,295,969	59,558,263	2.170 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			39,352	0	39,352	0.010 %
f Health professions education (from Worksheet 5)			952,452	0	952,452	0.030 %
g Subsidized health services (from Worksheet 6)			153,280,069	70,303,844	82,976,225	3.020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			415,927	0	415,927	0.020 %
j Total. Other Benefits			154,687,800	70,303,844	84,383,956	3.080 %
k Total. Add lines 7d and 7j			284,542,032	140,599,813	143,942,219	5.250 %

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.	2 149,103,859		
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 2,980,000		
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)	5 208,128,185
6 Enter Medicare allowable costs of care relating to payments on line 5	6 249,575,875
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -41,447,690
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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?

5

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
HOSPITAL FACILITIES LINES 1-5

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): _____ 15

		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: 20 <u>18</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>SEE PART VI</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: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART VI</u>	Yes	
a			
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 1-5

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 checked="" 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 1-5

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?	21	Yes	
	If "No," indicate why:			
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 1-5

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? 134

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, LINES 3A & 3B	FPG ELIGIBILITY: PLEASE SEE THE FINANCIAL ASSISTANCE POLICY AND PLAIN LANGUAGE SUMMARY AT: EMORYHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE.HTML

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-2019/INDEX.HTML

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	<p>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 \$149,103,859 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 of community benefit expenses for the hospital facilities within the group. That percentage would be 12.64%.</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST: EMORY UNIVERSITY INCLUDES ONE OF THE NATION'S LEADING ACADEMIC COMPLEXES FOR TEACHING, RESEARCH, AND PATIENT CARE - THE ROBERT W. WOODRUFF HEALTH SCIENCES CENTER (WHSC). THE WHSC INCLUDES EMORY UNIVERSITY SCHOOL OF MEDICINE, NELL HODGSON WOODRUFF SCHOOL OF NURSING, ROLLINS SCHOOL OF PUBLIC HEALTH, WINSHIP CANCER INSTITUTE, YERKES NATIONAL PRIMATE RESEARCH CENTER, AND EMORY HEALTHCARE ARE, WHICH IS THE WHSC'S SYSTEM OF HEALTH CARE OPERATIONS. EMORY HEALTHCARE INCLUDES PHYSICIAN GROUPS AS WELL AS THE FOLLOWING HOSPITALS: (1) SEVEN GENERAL AND ACUTE CARE HOSPITALS : EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, EMORY UNIVERSITY HOSPITAL SMYRNA, EMORY DECATUR HOSPITAL, EMORY HILLANDALE HOSPITAL, EMORY LONG-TERM ACUTE CARE AND; (2) TWO JOINT VENTURES: EMORY-SAINT JOSEPH'S, INC. (WHICH INCLUDES EMORY JOHNS CREEK HOSPITAL AND SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC.); AND EMORY REHABILITATION HOSPITAL. ALTHOUGH PART OF THE EMORY HEALTHCARE SYSTEM, THE VARIOUS HOSPITALS ARE OPERATING DIVISIONS OF DIFFERENT EMORY ENTITIES. EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA ARE OPERATING DIVISIONS OF EMORY UNIVERSITY. EMORY JOHNS CREEK HOSPITAL AND SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC. ARE PART OF A JOINT VENTURE WITH SAINT JOSEPH'S HEALTH SYSTEM INC. EMORY REHABILITATION HOSPITAL IS PART OF A JOINT VENTURE WITH SELECT MEDICAL CORPORATION. IN ADDITION, EMORY HAS CLOSE WORKING RELATIONSHIPS WITH OTHER HOSPITALS, INCLUDING GRADY MEMORIAL HOSPITAL ("GRADY"), CHILDREN'S HEALTH CARE OF ATLANTA, INC. AND THE ATLANTA VETERANS AFFAIRS MEDICAL CENTER ("ATLANTA VA"). EMORY UNIVERSITY SCHOOL OF MEDICINE IS A MAJOR SUPPLIER OF THE PHYSICIANS (BOTH MEDICAL FACULTY AND PHYSICIAN RESIDENTS IN TRAINING) AT GRADY, PROVIDING 80% OF PHYSICIAN CARE AT THIS FACILITY, WHICH IS ONE OF THE LARGEST PUBLIC HOSPITALS IN THE SOUTHEAST. EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, AS WELL AS GRADY, THE ATLANTA VA, AND CHILDREN'S HEALTHCARE OF ATLANTA, INC. SERVE AS TEACHING FACILITIES FOR THE EMORY UNIVERSITY SCHOOL OF MEDICINE (PROVIDING VENUES FOR RESIDENCY TRAINING) AND EMORY'S NELL HODGSON WOODRUFF SCHOOL OF NURSING (PROVIDING DEDICATED EDUCATION UNITS FOR NURSING STUDENTS). EMORY UNIVERSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN ALSO ARE ACTIVE SITES WITHIN THE CLINICAL INTERACTION NETWORK OF THE NIH-SPONSORED ATLANTA CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE (ACTSI), WHICH SEEKS TO MAKE CLINICAL TRIALS FOR NEW TREATMENTS MORE EFFICIENT AND MORE AVAILABLE THROUGHOUT THE COMMUNITY. EMORY IS THE LEAD PARTNER IN ACTSI, WHICH ALSO INVOLVES MOREHOUSE SCHOOL OF MEDICINE AND THE GEORGIA INSTITUTE OF TECHNOLOGY. THROUGH THE EMORY MEDICAL CARE FOUNDATION, INC. (EMCF), WHICH IS CONTROLLED BY EMORY UNIVERSITY, EMORY PHYSICIANS PROVIDED \$34.1 MILLION IN UNCOMPENSATED PATIENT CARE TO GRADY IN FY 2019. IN ADDITION, EMCF INVESTS ANY REIMBURSEMENTS THAT EMORY FACULTY DO RECEIVE FOR SERVICES RENDERED AT GRADY TO UPGRADE EQUIPMENT AND SUPPORT VITAL SERVICES PROVIDED BY EMORY PHYSICIANS WORKING AT GRADY. EMCF INVESTED \$59.7 MILLION FOR THIS PURPOSE IN FY 2019. EMORY ALSO PROVIDES 80% OF PHYSICIAN CARE AT CHILDREN'S AT HUGHES SPALDING, A PEDIATRIC HOSPITAL ON GRADY'S CAMPUS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC. THE TOTAL CHARITY CARE AND COMMUNITY BENEFIT ATTRIBUTED TO THE ORGANIZATION IS LOCATED ON PART I, LINE 7 OF SCHEDULE H. FOR A MORE COMPREHENSIVE OVERVIEW OF THE TOTAL CHARITY CARE AND COMMUNITY BENEFIT PROVIDED BY EMORY HEALTHCARE, PLEASE VIEW THE EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT AT: HTTP://WHSC.EMORY.EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2019/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-2019/CC-OVERVIEW.HTML IN COMPARISON WITH OTHER HOSPITALS IN METRO ATLANTA AND THE SURROUNDING COMMUNITY, EMORY HEALTHCARE HOSPITALS ARE REFERRED A DISPROPORTIONATE NUMBER OF PATIENTS WITH EXTREMELY COMPLEX AND CHALLENGING CONDITIONS. OTHER AREA HOSPITALS ROUTINELY REFER PATIENTS TO EMORY FOR WHOM THEY HAVE NO OTHER TREATMENT RECOURSE. THESE SICKEST-OF-THE-SICK PATIENTS ARE NOT ONLY THE MOST CLINICALLY CHALLENGING BUT ALSO THE MOST COSTLY PATIENTS TO TREAT. AT EMORY, SUCH PATIENTS FIND CLINICIANS DETERMINED TO PROVIDE THE BEST, MOST COMPASSIONATE CARE POSSIBLE REGARDLESS OF THESE PATIENT'S ABILITY TO PAY. EMORY UNIVERSITY HOSPITAL, IN PARTICULAR, IS NOTED AS A DESTINATION FOR PATIENTS IN THIS HIGH-ACUITY CATEGORY. THIS HOSPITAL CONTINUES TO HAVE A CASE-MIX INDEX HIGHER THAN OTHER ACADEMIC MEDICAL CENTERS. EMORY UNIVERSITY HOSPITAL ALSO PROVIDES SERVICES A</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>ND 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 EU OSH 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 EMPLOYS 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. FOUNDED BY THE SISTERS OF MERCY IN 1880, EMORY SAINT JOSEPH'S HOSPITAL (SJHA) IS ATLANTA'S LONGEST SERVING HOSPITAL. WHAT STARTED IN A SMALL HOUSE ON BAKER STREET IS NOW A 32-ACRE CAMPUS IN NORTH ATLANTA. SJHA'S MISSION IS THE SAME TODAY AS IT WAS OVER 130 YEARS AGO - TO PROVIDE COMPASSIONATE CARE, ESPECIALLY TO THOSE IN NEED. TODAY, THE 410-BED, ACUTE-CARE FACILITY IS RECOGNIZED AS ONE OF THE TOP SPECIALTY-REFERRAL HOSPITALS IN THE SOUTHEAST. SJHA IS ONE OF THE REGION'S PREMIER PROVIDERS OF CARDIAC, CANCER, NEUROLOGIC, VASCULAR, GASTROINTESTINAL, RESPIRATORY, AND ORTHOPEDIC CARE. THROUGHOUT ITS HISTORY, SJHA 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. EMORY JOHNS CREEK HOSPITAL (EJCH) HAS SERVED THE HEALTH CARE NEEDS OF THE COMMUNITY SINCE 2007. EJCH IS A 110-BED ACUTE CARE FACILITY SERVING JOHNS CREEK AND SURROUNDING COMMUNITIES. EJCH SUPPORTS AWARD-WINNING</p>

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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 #7 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 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. EMORY DECATUR HOSPITAL - SEE SCHEDULE O. EMORY HILLANDALE HOSPITAL - SEE SCHEDULE O. EMORY LONG-TERM ACUTE CARE - 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	<p>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. FOR THE PURPOSE OF EMORY DECATUR HOSPITAL'S (EDH) COMMUNITY HEALTH NEEDS ASSESSMENT, EDH'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH 75% OF EDH'S INPATIENT ADMISSIONS ORIGINATE. EDH'S COMMUNITY OR PRIMARY SERVICE AREA IS COMPRISED OF DEKALB COUNTY. FOR THE PURPOSE OF EMORY HILLANDALE HOSPITAL'S (EHH) COMMUNITY HEALTH NEEDS ASSESSMENT, EHH'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH OVER 86% OF EHH'S INPATIENT ADMISSIONS ORIGINATE. EHH'S COMMUNITY OR PRIMARY SERVICE AREA INCLUDES EIGHT ZIP CODES IN DEKALB COUNTY. FOR THE PURPOSE OF EMORY LONG-TERM ACUTE CARE'S (ELTAC) COMMUNITY HEALTH NEEDS ASSESSMENT, ELTAC'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH OVER 66% OF ELTAC'S INPATIENT ADMISSIONS ORIGINATE. ELTAC'S COMMUNITY OR PRIMARY SERVICE AREA INCLUDES DEKALB, GWINNETT, AND FULTON COUNTIES.</p>

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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-IMPACT/INDEX.HTML

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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.). FOR MORE INFORMATION SEE APPENDIX B OF EACH COMMUNITY HEALTH NEEDS ASSESSMENT AT: HTTP://WWW.EMORYHEALTHCARE.ORG/COMMUNITY-IMPACT/INDEX.HTML 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-IMPACT/INDEX.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	<p>DURING FISCAL YEAR 2019, 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 2019, Emory Healthcare has sought to address all the needs identified in the FISCAL YEAR 2019 CHNAs through a variety of actions. The FISCAL YEAR 2019 CHNAs include an assessment of progress made on the 2016 implementation strategy plans developed by each hospital. SEE FURTHER DETAILS AT: HTTP://WWW.EMORYHEALTHCARE.ORG/ABOUT/COMMUNITY-IMPACT/INDEX.HTML PART V, SECTION B, LINES 7A AND 10A HTTP://WWW.EMORYHEALTHCARE.ORG/ABOUT/COMMUNITY-IMPACT/INDEX.HTML</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16J	FACILITY NAME: HOSPITAL FACILITIES: LINES 1-5 DESCRIPTION: EMORY HEALTHCARE MAKES THIS FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE POLICY APPLICATION FORM AND A PLAIN LANGUAGE SUMMARY OF THIS FINANCIAL ASSISTANCE POLICY WIDELY AVAILABLE ON ITS WEBSITE AT: EMORYHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIALASSISTANCE.HTML IN BOTH ENGLISH AND SPANISH. IN ADDITION, EMORY HEALTHCARE MAKES PAPER COPIES OF THIS FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, THE AMOUNTS GENERALLY BILLED (AGB) DOCUMENT AND A PLAIN LANGUAGE SUMMARY OF THIS FINANCIAL ASSISTANCE POLICY AVAILABLE, UPON REQUEST AND WITHOUT CHARGE, IN ADMISSIONS AND REGISTRATION AREAS, IN THE EMERGENCY ROOM AND, DURING NORMAL BUSINESS HOURS, AT ALL ITS HOSPITAL LOCATIONS AS WELL AS THE EMORY CLINIC PATIENT ACCESS DEPARTMENT AND EMORY SPECIALTY ASSOCIATES PATIENT ACCESS DEPARTMENT.

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? 5		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			
3	EMORY DECATUR HOSPITAL 2701 NORTH DECATUR ROAD DECATUR, GA 30030 WWW.EMORYHEALTHCARE.ORG 044-039	X	X					X			
4	EMORY HILLANDALE HOSPITAL 2801 DEKALB MEDICAL PARKWAY LITHONIA, GA 30058 WWW.EMORYHEALTHCARE.ORG 044-621	X	X					X			
5	EMORY LONG-TERM ACUTE CARE 450 NORTH CANDLER STREET DECATUR, GA 30030 WWW.EMORYHEALTHCARE.ORG 044-335	X								LONG-TERM ACURE CARE	

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 Clinic 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 HEALTHCARE NETWORK 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 Heart & Vascular Center 6335 Hospital Parkway Suite 110 Johns Creek, GA 30097	Clinic Center
3 Emory Clinic Orthopaedics Sports & Spine 6335 Hospital Pkwy Suites 301302 Johns Creek, GA 30097	Clinic Center
4 EMORY CLINIC 6335 Hospital Parkway Suite 203 Johns Creek, GA 30097	Clinic Center
5 Emory at LaGrange Ambulatory Surgery 1805 Vernon Road LaGrange, GA 30240	Clinic Center
6 Emory at LaGrange Davis Road 380 South Davis Road Suites E F LaGrange, GA 30241	Clinic Center
7 Emory at LaGrange Smith Street 303 Smith Street LaGrange, GA 30240	Clinic Center
8 SOUTHERN CENTER FOR ORTHOPAEDICS 1801 Vernon Road LaGrange, GA 30240	Clinic Center
9 Emory at Locust Grove Heart & Vascular 4851 Bill Gardner Pkwy Locust Grove, GA 30248	Clinic Center
10 Emory Women's Heart Center 137 Johnson Ferry Road Marietta, GA 30068	Clinic Center
11 Emory at East Cobb 137 Johnson Ferry Road Marietta, GA 30068	Clinic Center
12 Emory at McDonough 259 Jonesboro Road McDonough, GA 30253	Clinic Center
13 EUHM Imaging Center at McDonough 249 Jonesboro Road McDonough, GA 30253	Clinic Center
14 Emory at Peachtree City 3000 Shakerag Hill Peachtree City, GA 30269	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 Emory at Riverdale 6507 Professional Place Riverdale, GA 30274	Clinic Center
1 Emory at Roswell 1400 Hembree Rd Roswell, GA 30076	Clinic Center
2 Emory at Sharpsburg 3345 E Highway 34 Suite 101 Sharpsburg, GA 30277	Clinic Center
3 Emory at Snellville 1608 Tree Lane Snellville, GA 30078	Clinic Center
4 Emory at Stockbridge Highway 138 3579 Highway 138 Stockbridge, GA 30281	Clinic Center
5 EMORY AT STOCKBRIDGE HEART & VASCULAR 1050 EAGLES LANDING PKWY SUITE 101 Stockbridge, GA 30281	Clinic Center
6 Emory at Eagles Landing 1050 Eagles Landing Pkwy SUITE 20 Stockbridge, GA 30281	Clinic Center
7 Emory Heart & Vascular CENTER 401 Permian Way Villa Rica, GA 30180	Clinic Center
8 Emory at West Point 1610 E 10th Street West Point, GA 31833	Clinic Center
9 EMORY ORTHOPAEDICS & SPINE CENTER 57 EXECUTIVE PARK SOUTH ATLANTA, GA 30329	CLINIC CENTER
10 EMORY AT SAINT JOSEPH'S PRIMARY CARE 5673 PEACHTREE DUNWOODY Rd NE Suit ATLANTA, GA 30342	CLINIC CENTER
11 EMORY CLINIC 1845 Satellite Blvd SUITE 600 DULUTH, GA 30094	CLINIC CENTER
12 EMORY AT AVALON 2795 OLD MILTON PARKWAY ALPHARETTA, GA 30004	CLINIC CENTER
13 EMORY AT BUFORD 3276 BUFORD DRIVE BUFORD, GA 30519	CLINIC CENTER
14 EMORY HEART & VASCULAR CENTER 110 SOUTH MAIN STREET HIAWASSEE, GA 30546	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 TUCKER 1459 MONTREAL ROAD SUITE 125 TUCKER, GA 30084	CLINIC CENTER
1 EMORY CLINIC (HARKIN ROSWELL) 1570 HOLCOMB BRIDGE ROAD ROSWELL, GA 30076	CLINIC CENTER
2 EMORY AT OLD FOURTH WARD 740 RALPH MC GILL BLVD NE ATLANTA, GA 30312	CLINIC CENTER
3 EMORY AT PEACHTREE HILLS 2200 PEACHTREE HILLS NW ATLANTA, GA 30309	CLINIC CENTER
4 EMORY CLINIC 5671 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342	CLINIC CENTER
5 EMORY HEART & VASCULAR CENTER 5671 PEACHTREE DUNWOODY ROAD SUITE ATLANTA, GA 30342	CLINIC CENTER
6 EMORY CLINIC (HARKEN BROOKHAVEN) 705 TOWN BOULEVARD ATLANTA, GA 30219	CLINIC CENTER
7 EMORY CLINIC (HARKEN AUSTELL) 1850 EAST WEST CONNECTOR AUSTELL, GA 30106	CLINIC CENTER
8 EMORY SPORTS COMPLEX 1968 HAWKS WAY SUITE B BROOKHAVEN, GA 30329	CLINIC CENTER
9 EMORY CLINIC (HARKEN DECATUR) 158 PONCE DE LEON AVENUE DECATUR, GA 30308	CLINIC CENTER
10 EMORY CLINIC 6300 HOSPITAL PKWY SUITE 145 JOHNS CREEK, GA 30097	CLINIC CENTER
11 EMORY CLINIC 6335 HOSPITAL PKWY SUITE 115 JOHNS CREEK, GA 30097	CLINIC CENTER
12 EMORY AMBULATORY SURG CTR 7813 SPIVEY STATION BLVD SUITE 100 JONESBORO, GA 30236	CLINIC CENTER
13 EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 100 JONESBORO, GA 30236	CLINIC CENTER
14 EMORY CLINIC 7823 SPIVEY STATION BLVD SUITE 200 JONESBORO, GA 30236	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 ORTHOPAEDICS & SPINE CENTER 7813 SPIVEY STATION BLVD SUITE 220 JONESBORO, GA 30236	CLINIC CENTER
1 EMORY AT BELMONT 1060 WINDY HILL ROAD SE SMYRNA, GA 30080	CLINIC CENTER
2 EMORY AT SMYRNA 3903 SOUTH COBB DRIVE SUITE 120 SMYRNA, GA 30080	CLINIC CENTER
3 EMORY HEART & VASCULAR CENTER 3903 SOUTH COBB DRIVE SUITE 110 SMYRNA, GA 30080	CLINIC CENTER
4 EMORY COORDINATED CARE CENTER 3515 HIGHWAY 138 SE STOCKBRIDGE, GA 30281	CLINIC CENTER
5 EMORY ORTHOPAEDICS & SPINE CENTER 1459 MONTREAL ROAD SUITE 304 TUCKER, GA 30084	CLINIC CENTER
6 EMORY CLINIC 6335 HOSPITAL PARKWAY SUITE 210 JOHNS CREEK, GA 30097	CLINIC CENTER
7 EMORY WOMEN'S CENTER 12000 FINDLEY ROAD SUITE 400 JOHNS CREEK, GA 30097	CLINIC CENTER
8 EMORY CLINIC 5900 HILLANDALE DRIVE SUITE 230 LITHONIA, GA 30058	CLINIC CENTER
9 EMORY HEART & VASCULAR CENTER 5900 HILLANDALE DRIVE SUITE 215 LITHONIA, GA 30058	CLINIC CENTER
10 EMORY CLINIC 3903 SOUTH COBB DRIVE SUITE 275 SMYRNA, GA 30080	CLINIC CENTER
11 EMORY CLINIC 1459 MONTREAL ROAD SUITE 305 TUCKER, GA 30084	CLINIC CENTER
12 EMORY AT PEACHTREE CITY HEART & VASCULAR 101 WORLD DRIVE SUITE 125 PEACHTREE CITY, GA 30269	CLINIC CENTER
13 EMORY AT TOCO HILLS 2882 NORTH DRUID HILLS ROAD NE SUI ATLANTA, GA 30329	CLINIC CENTER
14 EMORY AT KIRKWOOD OBGYN 2199 COLLEGE AVENUE NE ATLANTA, GA 30317	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)
91 EMORY AT DECATUR THORACIC SURGERY 2675 NORTH DECATUR ROAD SUITE 710 DECATUR, GA 30033	CLINIC CENTER
1 EMORY AT FLAT SHOALS 4153-B FLAT SHOALS PARKWAY SUITE 2 DECATUR, GA 30034	CLINIC CENTER
2 EMORY AT DECATUR SURG & SURG ONCOLOGY 2675 NORTH DECATUR ROAD SUITE 609A DECATUR, GA 30033	CLINIC CENTER
3 EMORY AT DECATUR ENT & FACIAL PLASTIC SURG 2675 NORTH DECATUR ROAD SUITE 707 DECATUR, GA 30033	CLINIC CENTER
4 EMORY AT DECATUR NEUROSURGERY & SPINE 2675 NORTH DECATUR ROAD SUITE 110 DECATUR, GA 30033	CLINIC CENTER
5 EMORY AT DECATUR VASCULAR SURGERY 2675 NORTH DECATUR ROAD SUITE 512 DECATUR, GA 30033	CLINIC CENTER
6 EMORY AT DECATUR NEUROLOGY & SLEEP MED 2665 NORTH DECATUR ROAD SUITE 450 DECATUR, GA 30033	CLINIC CENTER
7 EMORY WOMEN'S CENTER 2665 NORTH DECATUR ROAD SUITE 630 DECATUR, GA 30033	CLINIC CENTER
8 EMORY AT DECATUR SPECIALTY SURGERY 2665 NORTH DECATUR ROAD SUITE 130 DECATUR, GA 30033	CLINIC CENTER
9 EMORY AT DECATUR PRIMARY CARE 2675 NORTH DECATUR ROAD SUITE 601 DECATUR, GA 30033	CLINIC CENTER
10 EMORY AT DECATUR HEMATOLOGY & ONCOLOGY 2675 NORTH DECATUR ROAD SUITE 200 DECATUR, GA 30033	CLINIC CENTER
11 EMORY AT DECATUR RHEUMATOLOGY 2712 NORTH DECATUR ROAD DECATUR, GA 30033	CLINIC CENTER
12 EMORY AT DECATUR COLON & RECTAL SURGERY 2675 NORTH DECATUR ROAD SUITE 710 DECATUR, GA 30033	CLINIC CENTER
13 EMORY AT DECATUR GYNECOLOGIC ONCOLOGY 2675 NORTH DECATUR ROAD SUITE 408 DECATUR, GA 30033	CLINIC CENTER
14 EMORY AT DECATUR PODIATRY 495 WINN WAY SUITE 100 DECATUR, GA 30033	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)
106 EMORY AT DECATUR SCOTT BLVD 1418 SCOTT BLVD DECATUR, GA 30030	CLINIC CENTER
1 EMORY AT DECATUR SURG & SURG ONCOLOGY 2675 NORTH DECATUR ROAD SUITE 609 DECATUR, GA 30033	CLINIC CENTER
2 EMORY AT DECATUR ORTHO & SPORTS MED 1014 SYCAMORE DRIVE DECATUR, GA 30033	CLINIC CENTER
3 EMORY AT OAK GROVE 2840-A LAVISTA ROAD DECATUR, GA 30033	CLINIC CENTER
4 EMORY AT DECATUR IRVIN COURT 505 IRVIN COURT SUITE 200 DECATUR, GA 30033	CLINIC CENTER
5 EMORY AT DOWNTOWN DECATUR 200 EAST PONCE DE LEON AVENUE SUIT DECATUR, GA 30030	CLINIC CENTER
6 EMORY AT DECATUR GASTROENTEROLOGY 2675 NORTH DECATUR ROAD SUITE 701 DECATUR, GA 30033	CLINIC CENTER
7 EMORY AT MOUNTAIN PARK 4120 FIVE FORKS TRICKUM ROAD SUITE LILBURN, GA 30047	CLINIC CENTER
8 EMORY AT LILBURN 449 PLEASANT HILL ROAD NW SUITE 10 LILBURN, GA 30047	CLINIC CENTER
9 EMORY AT BEAVER RUIN 615 BEAVER RUIN ROAD NW SUITE B LILBURN, GA 30047	CLINIC CENTER
10 EMORY AT MOUNTAIN PARK 4120 FIVE FORKS TRICKUM ROAD SW SU LILBURN, GA 30047	CLINIC CENTER
11 EMORY AT HILLANDALE VASCULAR SURGERY 5910 HILLANDALE DRIVE SUITE 205 LITHONIA, GA 30058	CLINIC CENTER
12 EMORY AT HILLANDALE PRIMARY CARE 5910 HILLANDALE DRIVE SUITE 301 LITHONIA, GA 30058	CLINIC CENTER
13 EMORY AT HILLANDALE NEUROSURGERY&SPINE 5910 HILLANDALE DRIVE SUITE 205A LITHONIA, GA 30058	CLINIC CENTER
14 EMORY AT MILLER GROVE 2745 DEKALB MEDICAL PARKWAY SUITE LITHONIA, GA 30058	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)
121 EMORY AT HILLANDALE SURG & SURG ONC 5910 HILLANDALE DRIVE SUITE 203 LITHONIA, GA 30058	CLINIC CENTER
1 EMORY AT STONECREST ORTHO & SPORTS MED 8225 MALL PARKWAY SUITE 150 LIGHONIA, GA 30038	CLINIC CENTER
2 EMORY AT STONECREST PRIMARY CARE 8225 MALL PARKWAY SUITE 100 LITHONIA, GA 30038	CLINIC CENTER
3 RHEUMATOLOGY ASSOCIATES OF DEKALB 2311 HENRY CLOWER BLVD SUITE B SNELLVILLE, GA 30078	CLINIC CENTER
4 EMORY AT SNELLVILLE MEDICAL WAY 1600 MEDICAL WAY SUITE 250 SNELLVILLE, GA 30078	CLINIC CENTER
5 EMORY AT SNELLVILLE OAK ROAD 1742 OAK ROAD SNELLVILLE, GA 30078	CLINIC CENTER
6 EMORY AT CENTERVILLE 3555 CENTERVILLE HIGHWAY SUITE 100 SNELLVILLE, GA 30039	CLINIC CENTER
7 EMORY AT SNELLVILLE WISTERIA DRIVE 2220 WISTERIA DRIVE SUITE 210 SNELLVILLE, GA 30078	CLINIC CENTER
8 EMORY AT SNELLVILLE PRESIDENTIAL CIRCLE 1790 PRESIDENTIAL CIRCLE SUITE C SNELLVILLE, GA 30078	CLINIC CENTER
9 EMORY AT SNELLVILLE LENORA CHURCH ROAD 2356 LENORA CHURCH ROAD SNELLVILLE, GA 30078	CLINIC CENTER
10 EMORY AT ROCKBRIDGE 1192 ROCKBRIDGE ROAD SUITE A STONE MOUNTAIN, GA 30087	CLINIC CENTER
11 EMORY AT STONE MOUNTAIN 5462 MEMORIAL DRIVE SUITE 202 STONE MOUNTAIN, GA 30083	CLINIC CENTER
12 EMORY AT TUCKER 1462 MONTREAL ROAD SUITE 303 TUCKER, GA 30084	CLINIC CENTER
13 EMORY AT TUCKER 5019 LAVISTA ROAD TUCKER, GA 30084	CLINIC CENTER

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

Employer identification number
90-0790361

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	17	44,899			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	DEKALB MEDICAL CENTER FOUNDATION, INC HAS GUIDELINES IN PLACE THAT ARE USED IN REVIEWING THE ELIGIBILITY OF GRANTEEES. SCHOLARSHIP FUNDS ARE REMITTED TO THE EDUCATIONAL INSTITUTIONS DIRECTLY. FOR OTHER GRANTS, VARIOUS PROCEDURES ARE IN PLACE DEPENDING ON THE GRANT TYPE, INCLUDING REQUIREMENTS TO SUBMIT APPLICATIONS FOR REVIEW AND APPROVAL. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF REVIEW.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2018

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 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 idemnification 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 idemnification 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 idemnification 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								
<p>4c 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>	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 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.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: EMORY PROVIDES CERTAIN EXECUTIVES WITH TAXABLE COMPENSATION TO REIMBURSE THE EXPENSE OF MEMBERSHIP DUES AND APPROPRIATE INITIATION FEES FOR A SOCIAL OR COUNTRY CLUB USED FOR EMORY BUSINESS ENTERTAINMENT PURPOSES. CLUB DUES: CLAIRE STERK \$7,290 DON BRUNN \$9,615

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4B	NON-QUALIFIED RETIREMENT PLAN: CERTAIN EMORY EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PLAN INTENDED TO MAKE UP FOR LIMITS ON COMPENSATION IN THE QUALIFIED RETIREMENT PLAN. CHRISTOPHER AUGUSTINI \$60,998 CAROL KISSAL \$17,408 JONATHAN S LEWIN, MD \$61,834 DWIGHT A MCBRIDE \$40,770 STEPHEN D SENCER \$34,722 CLAIRE STERK \$74,475

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II, COLUMN C AND COLUMN F	<p>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 \$57,783 BRYCE GARTLAND, MD \$74,899 SHARON PAPPAS \$61,800 DANE PETERSON \$108,702 CLAIRE STERK \$420,000 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 \$97,861</p>

Return Reference	Explanation
FORM 990, PART VII AND SCHEDULE J, PART II COLUMN A	<p>TITLES: S WRIGHT CAUGHMAN, MD FORMER BOARD MEMBER (ECC,EI,EHC,TEC) CHARLES CLIFTON, MD BOARD MEMBER (DF,DMC,DRHS,DHR) TREASURER (DMC,DRHS,DHR) MICHAEL M E JOHNS, MD FORMER BOARD MEMBER (ECC,EHC,EI) CHRISTIAN P LARSEN, MD FORMER BOARD MEMBER (EHC,EMCF,TEC) 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) DANIEL THOMPSON BOARD MEMBER (DF,DMC,DRHS,DHR) SECRETARY (DMC,DRHS,DHR)</p>

2019 Schedule J (Form 990) 2018

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				
MARY BETH ALLEN CHIEF HR OFFICER	(i)	403,434	213,042	38,546	19,250	11,469	685,741	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ANDRECHAK OFFICER (EI) - TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	340,493	10,000	0	24,750	19,829	395,072	0
LAURA ASPEY MD BD MEMBER (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	198,818	3,526	0	18,223	15,485	236,052	0
CHRISTOPHER AUGOSTINI BD MEMBER (EHC, EI, ESJ)	(i)	0	0	0	0	0	0	0
	(ii)	923,184	0	104,065	24,750	27,572	1,079,571	0
CHARLES C BARNES JR FORMER BD MEM (EHC, EI)	(i)	0	0	0	0	0	0	0
	(ii)	459,700	0	0	24,750	9,486	493,936	0
DANIEL L BARROW MD BD MEMBER (EMCF)	(i)	773,719	252,106	33,707	0	13,808	1,073,340	0
	(ii)	253,499	0	396	28,450	4,302	286,647	0
JEFF BAXTER SEC (EHC,ESJ,SJHA)	(i)	0	0	0	0	0	0	0
	(ii)	368,548	56,250	600	23,063	24,356	472,817	0
FRANK W BROWN MD FORMER BD MEM (WWC)	(i)	59,149	42,519	10,913	0	0	112,581	0
	(ii)	241,885	0	4,216	22,090	171	268,362	0
DONALD I BRUNN FORMER BD MEM (TEC,ECC)	(i)	511,428	270,953	58,640	19,250	28,747	889,018	0
	(ii)	0	0	0	0	0	0	0
DAVID T BURKE MD FORMER BD MEM (EMCF)	(i)	154,131	87,191	9,520	0	16,118	266,960	0
	(ii)	203,459	0	395	28,305	6,531	238,690	0
S WRIGHT CAUGHMAN MD SEE SCH J PART III	(i)	68,949	0	8,755	0	11,373	89,077	0
	(ii)	320,782	0	21,078	27,922	5,263	375,045	0
CARLA CHANDLER BD MEMBER (WWC)	(i)	0	66,670	30	0	2,581	69,281	0
	(ii)	293,496	0	1,119	18,847	22,822	336,284	0
JUNE CONNOR BD MEMBER (WWC)	(i)	66,572	73,358	744	0	11,094	151,768	0
	(ii)	204,289	0	2,016	11,779	0	218,084	0
WALTER J CURRAN MD FORMER BD MEM (EMCF)	(i)	171,000	258,762	33,025	0	17,824	480,611	0
	(ii)	1,039,050	0	0	105,250	5,466	1,149,766	0
SCOTT DAVIS JR MD BD MEMBER (TEC)	(i)	295,676	41,235	10,976	0	15,203	363,090	0
	(ii)	71,567	0	408	21,378	6,759	100,112	0
CARLOS DEL RIO MD BD MEMBER (EMCF)	(i)	2,123	8,011	1,826	0	7,746	19,706	0
	(ii)	496,728	0	259	25,561	1,025	523,573	0
HEATHER DEXTER BD MEMBER (SJHA) CEO	(i)	385,547	180,935	2,202	77,033	35,341	681,058	0
	(ii)	0	0	0	0	0	0	0
J WILLIAM ELEY MD FORMER BD MEM (EMCF)	(i)	14,479	2,000	2,569	0	11,898	30,946	0
	(ii)	366,195	152	395	24,074	4,479	395,295	0
LAURA FINDEISS MD BD MEMBER (EMCF)	(i)	75,000	0	486	0	5,702	81,188	0
	(ii)	298,898	25,000	2,674	23,750	1,160	351,482	0
BRYCE GARTLAND MD BD MEMBER (WWC,DF)	(i)	4,956	222,029	32	74,899	18,605	320,521	0
	(ii)	513,336	0	1,197	19,285	5,280	539,098	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				
DAVID M GUIDOT MD FORMER BD MEM (EHC)	(i)	55,115	18,838	2,066	0	854	76,873	0
	(ii)	187,720	16,705	258	22,834	217	227,734	0
MAUREEN HALDEMAN COO (TEC)	(i)	428,491	155,946	608	16,500	21,199	622,744	0
	(ii)	0	0	0	0	0	0	0
JAMES T HATCHER TREASURER (ESJ)	(i)	531,775	284,481	59,570	19,250	19,470	914,546	0
	(ii)	1,000	0	0	0	0	1,000	0
KATHERINE HEILPERN MD FORMER BD MEM (EHC,EMCF)	(i)	131,945	0	29,826	0	8,138	169,909	0
	(ii)	130,119	0	107	22,431	3,408	156,065	0
ASHLEY HOFFMAN SECRETARY (TEC)	(i)	0	0	0	0	0	0	0
	(ii)	175,435	2,000	75	16,384	9,205	203,099	0
IRA HOROWITZ MD BD MEMBER (EHC,TEC)	(i)	573,687	189,665	33,921	0	11,898	809,171	0
	(ii)	147,355	0	396	27,511	6,978	182,240	0
MICHAEL M E JOHNS MD SEE SCH J PART III	(i)	0	0	0	0	0	0	0
	(ii)	69,075	0	3,615	6,306	15,124	94,120	0
THEODORE JOHNSON MD BD MEMBER (EHC)	(i)	153,659	96,479	0	0	1,471	251,609	0
	(ii)	221,524	0	827	27,251	31,809	281,411	0
YOUSUF KHALIFA MD FORMER BD MEM (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	340,942	6,090	0	23,376	23,356	393,764	0
CAROL KISSAL BD MEMBER (ESJ)	(i)	0	0	0	0	0	0	0
	(ii)	463,387	313,845	18,008	24,750	24,760	844,750	0
DAVID KOOBY MD BD MEMBER (SJHA)	(i)	458,797	30,783	13,906	0	13,295	516,781	0
	(ii)	1,803	0	28	22,180	3,994	28,005	0
ALLAN I LEVEY MD FORMER BD MEM (EMCF)	(i)	124,240	125,685	9,087	0	11,898	270,910	0
	(ii)	568,056	1,422	396	30,250	4,224	604,348	0
JONATHAN S LEWIN MD SEE SCH J PART III	(i)	662,102	691,427	42,679	0	16,506	1,412,714	0
	(ii)	653,036	0	69,592	30,250	9,014	761,892	0
MICHAEL LINDSAY MD BD MEMBER (EMCF)	(i)	1,200	0	0	0	1,482	2,682	0
	(ii)	399,422	20,723	600	24,846	16,202	461,793	0
SAGAR LONIAL MD BD MEMBER (EMCF)	(i)	322,300	154,891	27,362	0	1,325	505,878	0
	(ii)	232,223	0	138	29,002	1,254	262,617	0
CATHERINE MALONEY BD MEMBER (WWC)	(i)	210,563	37,747	1,542	13,003	29,610	292,465	0
	(ii)	0	0	0	0	0	0	0
JO ANN MANNING VP&CFO (SJHA,EJC)	(i)	299,597	77,285	1,877	17,150	14,096	410,005	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS E MATTOX MD FORMER BD MEM (EMCF)	(i)	542,516	92,359	25,561	0	15,802	676,238	0
	(ii)	126,928	0	816	26,080	8,423	162,247	0
DWIGHT A MC BRIDE BD MEMBER (EI)	(i)	0	0	0	0	0	0	0
	(ii)	706,515	0	63,270	24,750	10,564	805,099	0
LIZ MC CARTY SEC TREASURER (ECC)	(i)	0	0	0	0	0	0	0
	(ii)	234,126	47,389	50	21,210	9,004	311,779	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				
GERARD MC GORISK MD BD MEMBER (TEC)	(i)	392,712	101,900	11,967	22,150	23,102	551,831	0
	(ii)	0	0	0	0	0	0	0
ANNE M MC KENZIE- BROWN BD MEMBER (EHC)	(i)	359,778	51,800	15,101	22,150	22,217	471,046	0
	(ii)	0	0	0	0	0	0	0
CAROLYN MELTZER MD BD MEMBER (TEC,EMCF)	(i)	442,151	123,524	30,865	0	11,897	608,437	0
	(ii)	297,759	0	258	30,250	6,098	334,365	0
BROOKE MOORE BD MEMBER & CFO (TEC)	(i)	290,851	58,755	600	18,004	20,432	388,642	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS C MORRIS MD FORMER BD MEM (ESJ,EHC,TEC)	(i)	298,667	0	16,478	0	10,718	325,863	0
	(ii)	25,596	10,285	49	22,900	4,517	63,347	0
GRAYSON NORQUIST FORMER BD MEM(EMCF)	(i)	279,439	13,363	0	24,750	9,678	327,230	0
	(ii)	0	0	0	0	0	0	0
ADEDAP0 ODETOYINBO MD BD MEMBER (ESJ)	(i)	297,416	43,473	11,588	0	11,512	363,989	0
	(ii)	0	0	625	22,180	18,324	41,129	0
SHARON PAPPAS BD MEMBER (WWC)	(i)	411,284	196,227	7,805	61,800	6,991	684,107	0
	(ii)	15,000	0	675	16,500	14,916	47,091	0
TRISTRAM G PARSL0W MD FORM BD MEM (EMCF)	(i)	292,967	57,000	31,567	0	11,827	393,361	0
	(ii)	276,241	0	396	27,669	7,029	311,335	0
DANE PETERSON BD MEMBER (ESJ)	(i)	742,580	893,156	54,327	1,387,002	37,231	3,114,296	97,861
	(ii)	1,000	0	0	0	0	1,000	0
SURESH RAMALINGHAM MD BD MEMBER (EHC)	(i)	246,546	27,402	22,457	0	1,325	297,730	0
	(ii)	223,744	0	715	27,791	29,463	281,713	0
MARK RAPAPORT MD BD MEMBER (EMCF)	(i)	175,979	126,499	15,230	0	16,506	334,214	0
	(ii)	490,630	20,000	396	30,250	8,011	549,287	0
DAN REFAI MD PHYSICIAN	(i)	822,974	1,049,693	11,303	0	26,313	1,910,283	0
	(ii)	6,000	0	0	22,075	216	28,291	0
WILLIAM REISMAN MD FORMER BD MEM (EMCF)	(i)	0	0	0	0	0	0	0
	(ii)	603,979	12,177	0	24,750	15,870	656,776	0
JOHN M RHEE MD PHYSICIAN	(i)	1,078,473	1,056,571	11,561	0	20,640	2,167,245	0
	(ii)	0	0	28	22,150	188	22,366	0
JAMES ROBERSON MD FORMER BD MEM (EMCF)	(i)	712,900	249,540	25,697	0	11,137	999,274	0
	(ii)	117,896	0	762	24,774	4,858	148,290	0
MARTIN G SANDA MD FORMER BD MEM (EMCF)	(i)	399,458	76,509	27,801	0	15,117	518,885	0
	(ii)	228,479	0	258	29,062	6,872	264,671	0
JEN SCHUCK BD MEMBER (WWC)	(i)	195,110	30,968	474	12,735	10,496	249,783	0
	(ii)	0	0	0	0	0	0	0
STEPHEN D SENCER BD MEMBER (EI)	(i)	0	0	0	0	0	0	0
	(ii)	630,149	0	35,422	24,750	33,426	723,747	0
MELINDA SIMON PRESIDENT& SECRETARY (EI)	(i)	0	0	0	0	0	0	0
	(ii)	210,427	2,000	0	19,682	24,416	256,525	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				
CHARLES STALEY MD FORMER BD MEM (TEC)	(i)	422,050	52,986	17,373	0	15,563	507,972	0
	(ii)	70,126	0	258	24,375	9,014	103,773	0
DAVID STEPHENS MD BD MEMBER (EMCF)	(i)	185,867	137,004	3,614	0	313	326,798	0
	(ii)	537,133	16,540	1,957	30,250	216	586,096	0
CLAIRE STERK FORMER BD MEM (EI)	(i)	0	0	0	0	0	0	0
	(ii)	1,065,884	78,750	81,998	444,750	68,135	1,739,517	0
VIKAS SUKHATME MD BD MEMBER (EHC,TEC,ECC,EMCF)	(i)	251,302	249,666	3,942	0	11,898	516,808	0
	(ii)	579,095	10,400	28,074	25,750	6,712	650,031	0
JOHN F SWEENEY MD BD MEMBER (EMCF)	(i)	702,050	117,868	23,331	0	15,833	859,082	0
	(ii)	135,750	0	258	26,314	8,008	170,330	0
ROBERT A SWERLICK MD BD MEMBER (TEC)	(i)	110,793	90,945	4,222	0	960	206,920	0
	(ii)	208,377	760	1,096	28,060	17,407	255,700	0
JOHN VAZQUEZ MD BD MEMBER (TEC)	(i)	297,725	45,214	11,561	0	22,053	376,553	0
	(ii)	0	0	18	22,180	198	22,396	0
DAVID W WRIGHT MD BD MEMBER (EMCF)	(i)	109,894	0	579	0	1,586	112,059	0
	(ii)	305,936	38,528	1,398	30,250	29,969	406,081	0
WENDY WRIGHT MD BD MEMBER (EHC)	(i)	348,344	25,129	11,561	0	143	385,177	0
	(ii)	0	0	393	22,135	11,377	33,905	0
SANGWOOK TIM YOON MD PHYSICIAN	(i)	768,361	816,766	11,939	0	11,529	1,608,595	0
	(ii)	1,455	0	628	22,050	18,296	42,429	0
FAIZ U AHMAD MD PHYSICIAN	(i)	603,309	1,156,946	29,407	0	16,412	1,806,074	0
	(ii)	560,973	442,017	60	30,250	9,271	1,042,571	0
BILL BORNSTEIN MD CMO AND CQPSO (EHC)	(i)	536,982	286,118	58,995	0	13,971	896,066	0
	(ii)	0	0	825	20,321	14,916	36,062	0
LIZ DAUNT-SAMFORD TREASURER(DF)	(i)	232,314	43,294	1,004	14,317	22,695	313,624	0
	(ii)	0	0	0	0	0	0	0
JAMES FORSTNER BD MEMBER (DF,DMC,DRHS,DHR)	(i)	104,689	170,008	454	7,350	3,083	285,584	0
	(ii)	0	0	0	0	0	0	0
NICOLE FRANKS MD BD MEMBER (EHC)	(i)	83,878	49,399	10,913	0	311	144,501	0
	(ii)	248,435	0	1,146	22,165	28,800	300,546	0
PATRICK HAMMOND CHIEF MKT SVCS OFFICER (EHC)	(i)	441,562	613,148	80,215	19,250	33,436	1,187,611	0
	(ii)	0	0	0	0	0	0	0
LUCKY JAIN MD BD MEMBER (ECC)	(i)	0	0	0	0	0	0	0
	(ii)	248,673	70,201	2,640	22,500	8,752	352,766	0
CHRISTIAN P LARSEN MD FORMER BD MEM (EHC,EMCF,TEC)	(i)	315,532	60,728	33,219	0	11,810	421,289	0
	(ii)	269,473	0	396	30,250	5,706	305,825	0
MARILYN MARGOLIS CEO (EJC)	(i)	302,544	167,400	32,349	19,250	30,277	551,820	0
	(ii)	0	0	0	0	0	0	0
RAOUL MAYER BD MEMBER (DF)	(i)	144,958	0	304	5,923	8,839	160,024	0
	(ii)	0	0	0	0	0	0	0

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

2018

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)

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
EMILY BARROW	FAMILY MEM OF BD MEMBER	69,949	EMPLOYEE		No
CHRISTOPHER Y CAUGHMAN	FAMILY MEM OF FORM BD MEM	71,858	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
JEANETTE GUARNER	FAMILY MEM OF BD MEMBER	302,533	EMPLOYEE		No
JAMES H HATCHER	FAMILY MEM OF OFFICER	31,406	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
SHABNAM JAIN	FAMILY MEM OF BD MEMBER	272,840	EMPLOYEE		No
CAROLYN KATZEN	FAMILY MEM OF FORM BD MEM	155,039	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
LINDA ORKIN LEWIN MD	FAMILY MEM OF BD MEMBER	94,115	EMPLOYEE		No
NAEL MCCARTY	FAMILY MEM OF OFFICER	235,589	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
RUTH LOUISE PAPPAS	FAMILY MEM OF BD MEMBER	66,880	EMPLOYEE		No
ANN SENCER	FAMILY MEM OF BD MEMBER	113,759	EMPLOYEE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRISTOPHER STALEY	FAMILY MEM OF FORM BD MEM	25,000	EMPLOYEE		No
KIM STALEY	FAMILY MEM OF FORM BD MEM	86,207	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
KATHLEEN STEPHENS	FAMILY MEM OF BD MEMBER	97,127	EMPLOYEE		No
ANNA WILSON STEINBERG MD	FAMILY MEM OF BD MEMBER	138,351	EMPLOYEE		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
EMORY GROUP RETURN

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

90-0790361

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>GROUP RETURN - GENERAL INFORMATION AND MISSION</p>	<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 316 ATLANTA, GA 30322 THE EMORY CLINIC, INC. (TEC) (58-2030692) 1365 CLIFTON ROAD, NE ATLANTA, GA 30322 WES LEY 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 ADMINISTRATIVE BUILDING ATLANTA, GA 30322 EMORY/SAINT JOSEPH'S, INC. (ESJ) (45-2721833) 1440 CLIFTON ROAD, NE WHSCAB, SUITE 316 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 DEKALB REGIONAL HEALTH SYSTEM, INC. (DRHS) (58-2034958) 2701 NORTH DECATUR ROAD DECATUR, GA 30030 DECATUR HEALTH RESOURCES, INC. (DHR) (58-2081599) 450 NORTH CANDLER STREET DECATUR, GA 30030 DEKALB MEDICAL CENTER, INC. (DMC) (58-1966795) 2701 NORTH DECATUR ROAD DECATUR, GA 30030 DEKALB MEDICAL CENTER FOUNDATION, INC. (DF) (58-1924605) 2701 NORTH DECATUR ROAD DECATUR, GA 30030 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 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 PRO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
GROUP RETURN - GENERAL INFORMATION AND MISSION	VIDES SPECIALTY MEDICAL CARE FOR PEDIATRIC PATIENTS. DRHS'S MISSION IS TO FOSTER AND PROMOTE HEALTHCARE AND SUPPORT FOR DMC AND DHR. DHR'S MISSION IS TO PROVIDE LONG-TERM ACUTE CARE TO PATIENTS WHO REQUIRE SPECIALIZED, EXPERT CARE AND REHABILITATION. DMC'S MISSION IS TO IMPROVE PATIENTS' LIVES THROUGH THE DELIVERY OF EXCELLENT HEALTH AND WELLNESS SERVICES. D F'S MISSION IS TO LINK DMC TO THE COMMUNITY THROUGH COMMUNICATION, EDUCATION, SERVICE AND PHILANTHROPY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5 AND PART V, QUESTION 2A	NUMBER OF EMPLOYEES: TEC AND ECC HAVE A COMMON PAYMASTER RELATIONSHIP FOR PAYROLL PURPOSES WITH EMORY UNIVERSITY (EIN 58-0566256). THE SALARIES OF TEC'S AND ECC'S EMPLOYEES ARE PAID BY EMORY UNIVERSITY, REPORTED ON EMORY UNIVERSITY'S FORMS 941, AND REIMBURSED BY TEC AND ECC. THEREFORE, THESE EMPLOYEES ARE REPORTED ON EMORY UNIVERSITY'S FORM 990. THE EMPLOYEES WHO WORK AT WWC, ESJ, SJHA, DRHS, DHR, DMC, AND DF ARE EMPLOYEES OF EITHER EHC OR ESA. THE SALARIES OF THESE EMPLOYEES ARE PAID BY EHC OR ESA, REPORTED ON EHC OR ESA FORMS 941 AND REIMBURSED BY WWC, ESJ, SJHA, DRHS, DHR, DMC, AND DF RESPECTIVELY. 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 2019, TEC RENDERED \$62 MILLION IN DIRECT CHARITY CARE, LARGELY FOR COMPLEX CARE (I.E., ORGAN TRANSPLANTATION, CANCER AND CARDIAC DISEASE). THIS CHARITY CARE ALSO INCLUDES SUPPORT FOR INDIVIDUALS WHO ARE UNINSURED AND DO NOT HAVE THE ABILITY TO PAY SOME OR ALL OF THE AMOUNTS DUE FOR THEIR CARE. COMMUNITY BENEFITS: AS A CORPORATE AND COMMUNITY CITIZEN, TEC HAS A COMMUNITY RESPONSIBILITY TO INCREASE AWARENESS OF HEALTH ISSUES AFFECTING THE COMMUNITY CITIZENS. PART OF TEC'S COMMITMENT TO THE MISSION OF EXCELLENCE IS IN RESPONDING TO THE HEALTH CARE NEEDS OF ATLANTA'S RESIDENTS. AN ACTIVE SPEAKER'S BUREAU, COMPRISED OF MEDICAL STAFF MEMBERS, INFORMS LOCAL BUSINESS AND CIVIC ORGANIZATIONS ABOUT VARIOUS HEALTH CARE TOPICS AND ISSUES. SUPPORT GROUPS OFFER RESOURCES FOR DEALING WITH SPECIFIC HEALTH PROBLEMS. THESE PROGRAMS ADDRESS MANY SPECIFIC GROUPS, INCLUDING SMOKERS WHO WANT TO QUIT, PEOPLE WHO HAVE SUFFERED LOSS, PROSTATE CANCER SURVIVORS AND THOSE WHO HAVE EXPERIENCED A TRANSPLANT, STROKE, SICKLE CELL DISEASE, OR PREMATURE INFANT LOSS. TEC STAFF MEMBERS ALSO SERVE AS SPOKESPERSONS IN SHAPING HEALTHCARE POLICY AT THE REGIONAL AND NATIONAL LEVEL BY ADVOCATING HEALTHY LIFESTYLES. 4B: EMORY/SAINT JOSEPH'S, INC. IS A JOINT OPERATING COMPANY THAT CONTROLS THE FOLLOWING ENTITIES: SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC., AND EHC/JOHNS CREEK, LLC. EMORY/SAINT JOSEPH'S, INC. IS CONTROLLED 51% BY EHC/JOC HOLDINGS, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY WHICH HAS AS ITS SOLE MEMBER, EMORY HEALTHCARE, INC., AND 49% BY SJHS/JOC HOLDINGS, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY WHICH HAS AS ITS SOLE MEMBER, SAINT JOSEPH'S HEALTH SYSTEM, INC. SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC. HAS AS AN OPERATING DIVISION SAINT JOSEPH'S HOSPITAL, WHICH IS AN ACUTE CARE HOSPITAL LOCATED IN NORTH METRO ATLANTA. FOUNDED BY THE SISTERS OF MERCY IN 1880, SAINT JOSEPH'S HOSPITAL IS ATLANTA'S OLDEST HOSPITAL AND THE ONLY CATHOLIC HOSPITAL IN THE ATLANTA AREA. SAINT JOSEPH'S HOSPITAL IS RECOGNIZED AS A LEADING SPECIALTY-REFERRAL HOSPITAL IN GEORGIA AND ONE OF THE</p>

990 Schedule O, Supplemental Information

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: DEKALB HOSPITALS PROGRAM SERVICE EXPENSES REPRESENT ACTIVITIES FROM DR HS, DHR, AND DMC. 4D: OTHER PROGRAM SERVICES IN THIS TOTAL ARE FROM EHC, WWC, EI, ECC, EMC F, AND DF. SEE ATTACHMENT 1. EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT: HTTP://WHSC.EMORY.EDU/PUBLICATIONS/COMMUNITY-BENEFITS-2019/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, DRHS, DHR, DMC, AND DF) ARE INCLUDED IN THE AUDITED FINANCIALS OF EMORY UNIVERSITY. A COPY OF EMORY UNIVERSITY'S AUGUST 31, 2019 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. DRHS HAS ONE MEMBER - EMORY HEALTHCARE, INC. DHR HAS ONE MEMBER - DRHS DMC HAS ONE MEMBER - DRHS

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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 AMENDED WITHOUT THE APPROVAL OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY, 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 ADDITION, EHC MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE PRIOR APPROVAL OF THE EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY, BASED 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 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 EHC; (4) ADOPT A PLAN OF REORGANIZATION, OR OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION; (5) INCUR ANY SINGLE ITEM OF INDEBTEDNESS IN EXCESS OF \$500,000; (6) ADOPT OR AMEND ANY 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 OR THE TRUSTEES OF THE WOODRUFF BOARD DEEM APPROPRIATE AND HELPFUL. TEC: EHC BOARD OF DIRECTORS APPOINTS FOUR OF ITS DIRECTORS TO SERVE AS MEMBERS OF TEC BOARD OF DIRECTORS. IN ADDITION, 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 EMORY 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 ADDITION, 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 ARTICLES OF INCORPORATION; (3) THE SALE, LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE 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: THIS QUESTION IS "NO" FOR EMCF. ECC: EHC BOARD OF DIRECTORS APPOINTS THREE OF ITS DIRECTORS TO SERVE AS MEMBERS OF ECC BOARD OF DIRECTORS. THE MEMBERS OF ECC BOARD OF DIRECTORS MUST APPROVE CERTAIN AMENDMENTS TO THE BYLAWS. EI: ARTICLES AND BYLAWS MAY NOT BE AMENDED WITHOUT THE APPROVAL OF THE FINANCE COMMITTEE OF THE BO</p>

990 Schedule O, Optional Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 7A AND 7B	<p>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 ESJ; (F) ANY ADM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINES 7A AND 7B</p>	<p>MISSION 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. SJHA: THE MEMBER OF SJHA SHALL BE ENTITLED TO ALL RIGHTS AND POWERS OF A MEMBER UNDER THE GEORGIA NONPROFIT CORPORATION CODE. IN ADDITION MEMBERS OF THE BOARD OF DIRECTORS OF SJHA SHALL BE APPOINTED BY THE BOARD OF DIRECTORS OF THE MEMBER. THE CHAIR AND VICE CHAIR OF THE BOARD OF DIRECTORS SHALL BE APPOINTED BY THE MEMBER BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER SHALL BE APPOINTED AND REMOVED BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE MEMBER. TO THE EXTENT THERE IS ANY CONFLICT OR INCONSISTENCY BETWEEN THE PROVISIONS OF THE MEMBERSHIP AGREEMENT, THE MEMBER ARTICLES OR THE MEMBER BYLAWS AND THE PROVISIONS OF THE SJHA ARTICLES OF INCORPORATION OR BYLAWS, THE MEMBERSHIP AGREEMENT OR THE MEMBER ARTICLES OF INCORPORATION OR BYLAWS SHALL CONTROL. DRHS: EMORY HEALTHCARE, INC. IS THE SOLE MEMBER OF DRHS. IN ACCORDANCE WITH THE DRHS BYLAWS, EHC SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS (I) THAT WOULD OTHERWISE BE EXERCISED BY THE BOARD OF TRUSTEES OF DRHS; AND (II) THAT WOULD OTHERWISE BE EXERCISED BY DRHS IN ITS CAPACITY AS A CORPORATE MEMBER OF A SUBSIDIARY OR AS A MEMBER OR PARTNER OF A JOINT VENTURE. EHC ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES OF DRHS, APPOINTS THE CHIEF EXECUTIVE OFFICER OF DRHS, AND MUST APPROVE ANY OTHER OFFICERS OF DRHS. IN ADDITION, EHC HAS THE RIGHT, AT ANY TIME, TO REVIEW THE AFFAIRS OF DRHS BY FORMAL OR INFORMAL AUDIT AND REVIEW. SUBJECT TO LIMITED EXCEPTIONS, EHC MAY ALSO DIRECT OR PROHIBIT ANY ACTION BY DRHS AND APPROVE ANY AMENDMENTS TO THE ARTICLE OF INCORPORATION OR BYLAWS OF DRHS.</p>

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Return Reference	Explanation
DHR:	<p>DEKALB REGIONAL HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF DHR. IN ACCORDANCE WITH THE DHR BYLAWS, DRHS SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS (I) THAT WOULD OTHERWISE BE EXERCISED BY THE BOARD OF DIRECTORS OF DHR; AND (II) THAT WOULD OTHERWISE BE EXERCISED BY DHR IN ITS CAPACITY AS A CORPORATE MEMBER OF A SUBSIDIARY OR AS A MEMBER OR PARTNER OF A JOINT VENTURE. DRHS ELECTS THE MEMBERS OF THE BOARD OF DIRECTORS OF DHR, APPOINTS THE CHIEF EXECUTIVE OFFICER OF DHR, AND MUST APPROVE ANY OTHER OFFICERS OF DHR. IN ADDITION, DRHS HAS THE RIGHT, AT ANY TIME, TO REVIEW THE AFFAIRS OF DHR BY FORMAL OR INFORMAL AUDIT AND REVIEW. DRHS MAY ALSO DIRECT OR PROHIBIT ANY ACTION BY DHR AND MUST APPROVE ANY AMENDMENTS TO THE ARTICLE OF INCORPORATION OR BYLAWS OF DRHS. DMC: DEKALB REGIONAL HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF DMC. IN ACCORDANCE WITH THE DMC BYLAWS, DRHS SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS (I) THAT WOULD OTHERWISE BE EXERCISED BY THE BOARD OF DIRECTORS OF DMC; AND (II) THAT WOULD OTHERWISE BE EXERCISED BY DMC IN ITS CAPACITY AS A CORPORATE MEMBER OF A SUBSIDIARY OR AS A MEMBER OR PARTNER OF A JOINT VENTURE. DRHS ELECTS THE MEMBERS OF THE BOARD OF DIRECTORS OF DMC, APPOINTS THE CHIEF EXECUTIVE OFFICER OF DMC, AND MUST APPROVE ANY OTHER OFFICERS OF DMC. IN ADDITION, DRHS HAS THE RIGHT, AT ANY TIME, TO REVIEW THE AFFAIRS OF DHR BY FORMAL OR INFORMAL AUDIT AND REVIEW. DRHS MAY ALSO DIRECT OR PROHIBIT ANY ACTION BY DMC AND MUST APPROVE ANY AMENDMENTS TO THE ARTICLE OF INCORPORATION OR BYLAWS OF DMC. DF: THE MEMBERS OF THE BOARD OF TRUSTEES OF DF ARE APPOINTED BY THE BOARD OF TRUSTEES OF DEKALB REGIONAL HEALTH SYSTEM, INC., ACTING IN ITS CAPACITY AS THE SOLE CORPORATE MEMBER OF DMC AND DHR. THE CHAIR OF THE BOARD OF TRUSTEES MUST ALSO BE APPROVED BY THE BOARD OF TRUSTEES OF DRHS. EMORY HEALTHCARE, INC. AND DRHS MUST APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF DF. 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.</p>

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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	<p>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. DHRS, DMC, DHR, DF: DHRS, DMC, DHR, AND DF STAFF MEMBERS ARE EMPLOYEES OF EITHER EHC OR ESA. EHC AND ESA COMPENSATION POLICIES AND PRACTICES APPLY TO DRHS, DMC, DHR, AND DF.</p>

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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, DHRS, DHR, DMC, DF) 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 \$(85,287,891) CHANGES IN RESTRICTED AND UNRESTRICTED FUNDS \$(18,453,704) NET ASSETS OF NEW MEMBERS OF THE GROUP \$25,831,399

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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

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	3,180,394	10,070,867		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	-19,394,202	224,273,233	100.000 %	Yes	
(2) DRHS VENTURES INC 2701 NORTH DECATUR ROAD DECATUR, GA 30030 20-1864828	JOINT VENTURE	GA	EMORYHEALTHCARE	C CORP	69,310	208,803	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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART I	IDENTIFICATION OF DISREGARDED ENTITIES: COLUMN A - NAME: #1 EMORY JOHNS CREEK OBSTETRICS & GYNECOLOGY, LLC COLUMN 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

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) EMORY SPECIALTY ASSOCIATES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 20-4700877	MD PRACTICE	GA	168,006,791	28,583,100	PART VII #2
(1) DIALYSIS ACCESS CENTER OF ATLANTA LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 14-1862166	BILLING	GA	0	0	PART VII #3
(2) EMORY DIALYSIS LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 26-4296847	BILLING	GA	37,508,931	8,641,392	PART VII #3
(3) EMORY MEDICAL GROUP LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 20-8281993	BILLING	GA	0	0	PART VII #4
(4) EMORY PEDIATRICS LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 58-2619196	BILLING	GA	0	0	PART VII #3
(5) EMORY PHYSICAL THERAPY LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 20-0174459	BILLING	GA	13,554,445	0	PART VII #3
(6) EMORY SELECT SERVICES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 27-3126414	BILLING	GA	4,443,987	0	PART VII #3
(7) EMORY CLINICALLY INTEGRATED NETWORK LLC 201 DOWMAN DRIVE 102 ADMIN ATLANTA, GA 30322 45-4610047	SEE PART VII	GA	6,471,430	9,642,040	PART VII #2
(8) EMORY PATIENT-CENTERED PRIMARY CARE LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 45-2665462	BILLING	GA	0	0	PART VII #3
(9) DRUG INNOVATION VENTURES AT EMORY LLC 201 DOWMAN DRIVE 101 ADMIN ATLANTA, GA 30322 45-5372942	SEE PART VII	GA	143,469	982,647	PART VII #5
(10) EHCA JOHNS CREEK LLC 201 DOWMAN DRIVE 101 ADMIN ATLANTA, GA 30322 58-2433436	HOSPITAL	GA	188,040,403	302,278,010	PART VII #6
(11) EMORY JOHNS CREEK PHYSICIANS LLC 1365 CLIFTON ROAD ATLANTA, GA 30322 80-0435462	MD PRACTICE	GA	456,170	-1,151,711	PART VII #6
(12) JOHNS CREEK FAMILY PHYSICIANS LLC 4049 PEACHTREE INDUSTRIAL BLVD SUIT NORCROSS, GA 30071 35-2345865	MD PRACTICE	GA	0	-155,624	PART VII #6
(13) EHCA JOHNS CREEK RADIATION THERAPY LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 36-4635047	BILLING	GA	0	0	PART VII #6
(14) THE MEDICAL GROUP OF SAINT JOSEPH'S LLC 5669 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342 26-0857111	MD PRACTICE	GA	26,245,099	-141,912,303	PART VII #7
(15) SEE PART VII - #1 6335 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 80-0508326	MD PRACTICE	GA	0	151,628	PART VII #6
(16) EHCJOC HOLDINGS LLC 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 58-2137993	SEE PART VII	GA	0	0	PART VII #2
(17) EHCA JOHNS CREEK HOLDINGS LLC 6325 HOSPITAL PARKWAY JOHNS CREEK, GA 30097 45-2721833	SEE PART VII	GA	0	0	PART VII #7
(18) ESOP REHABILITATION LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 80-0954871	BILLING	GA	15,517,187	21,495,817	PART VII #8
(19) EMORY PHYSICIANS GROUP LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-5090816	BILLING	GA	4,566,071	673,577	PART VII #2

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
(21) EMORY AMBULATORY SURG CTR DUNWOODY LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-4115055	SURG CENTER	GA	23,106,256	6,218,889	PART VII #3
(1) EMORY EMPLOYER BASED HEALTH SVC LLC 1365 CLIFTON ROAD NE ATLANTA, GA 30322 47-2061134	BILLING	GA	3,405,312	685,922	PART VII #3
(2) EMORY REHABILITATION LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 46-4114856	SEE PART VII	GA	0	0	PART VII #2
(3) EMORY OPTICAL LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 81-3114162	HEALTHCARE	GA	5,248,603	0	PART VII #3
(4) EMORY HEALTHCARE SERVICES MANAGEMENTLLC 201 DOWMAN DRIVE ATLANTA, GA 30322 81-4355450	BILLING	GA	0	0	PART VII #2