

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning 09/01, 2020, and ending 08/31, 20 21

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>EMORY GROUP RETURN</u>		<b>D</b> Employer identification number <u>90-0790361</u>
	Doing business as		<b>E</b> Telephone number <u>(404) 686-2819</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>1440 CLIFTON RD NE WHSCAB, STE 316</u>		<b>G</b> Gross receipts \$ <u>3,249,358,475.</u>
City or town, state or province, country, and ZIP or foreign postal code <u>ATLANTA, GA 30322</u>		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <u>JONATHAN S LEWIN, MD</u> <u>1440 CLIFTON RD NE WHSCAB, ATLANTA, GA 30322</u>		<b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <u>N/A</u>		<b>H(c)</b> Group exemption number <u>5877</u>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation:	<b>M</b> State of legal domicile: <u>GA</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>COORDINATED INTEGRATED HEALTH SYSTEM</u> <u>SEE SCHEDULE O.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>131.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>68.</u>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<u>27,971.</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>1,750.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>714,452.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>901,090.</u>	<u>744,614.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,421,729,641.</u>	<u>3,056,921,442.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>15,494,446.</u>	<u>6,254,823.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>272,838,725.</u>	<u>185,437,596.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>2,710,963,902.</u>	<u>3,249,358,475.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>37,000.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,837,563,862.</u>	<u>2,005,775,379.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	<u>0.</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,213,395,582.</u>	<u>1,414,834,065.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,050,996,444.</u>	<u>3,420,609,444.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-340,032,542.</u>	<u>-171,250,969.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>468,460,148.</u>	<u>367,067,337.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>1,375,518,030.</u>	<u>1,384,130,366.</u>
		<u>-907,057,882.</u>	<u>-1017063029.</u>

**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: *Bradley Haws* Date: 7-12-22

BRADLEY HAWS CFO, EMORYHEALTHCARE

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: SHAWN M HUTCHINSON Preparer's signature: *Shawn Hutchinson* Date: 7/12/22 Check  if self-employed PTIN: P01048557

Firm's name: KPMG LLP Firm's EIN: 13-5565207

Firm's address: 500 W 5TH ST., SUITE 800 WINSTON SALEM, NC 27101 Phone no.: 336-275-3394

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

Cumulative e-File History 2020

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Federal

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**Tax Return**  
1817QA

**Return Type**  
990

**Taxpayer**  
EMORY GROUP RETURN

**Account**  
815P

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**Submitted Date**            2022-07-13 12:50:29

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**Acknowledgement Date**   2022-07-13 13:29:26

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**Status**                        Accepted

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**Submission ID**              56038220221945000000

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# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  EMORY GROUP RETURN	Taxpayer identification number (TIN)  90-0790361
	Number, street, and room or suite no. If a P.O. box, see instructions. 1440 CLIFTON RD NE WHSCAB, STE 316	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30322	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRAD HAWS

• The books are in the care of ▶ 1440 CLIFTON ROAD; SUITE 316 ATLANTA GA 30322

Telephone No. ▶ 404 686-7519 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 5877. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 07/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or  
▶  tax year beginning 09/01, 2020, and ending 08/31, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

KPMG LLP EIN 13-5565207  
500 W. 5TH ST., STE 800  
WINSTON-SALEM, NC 27101

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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 \$ 1,084,406,024. including grants of \$ ) (Revenue \$ 1,092,052,970. )

THE EMORY CLINIC, INC.

SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 790,311,542. including grants of \$ ) (Revenue \$ 914,703,023. )

EMORY/SAINT JOSEPH'S, INC.

SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 615,229,975. including grants of \$ ) (Revenue \$ 660,471,125. )

DEKALB HOSPITALS.

SEE SCHEDULE O.

**4d** Other program services (Describe on Schedule O.) ATTACHMENT 1  
(Expenses \$ 781,500,327. including grants of \$ ) (Revenue \$ 575,131,920. )

**4e** Total program service expenses ▶ 3,271,447,868.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organization activities and schedules. Includes sub-questions 11a-f and 12a-b.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (131), 1b (68), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JONATHAN S LEWIN, MD SEE SCH J PART III	5.00 65.00	X	X					1,775,104.	769,854.	477,901.
(2) CLAIRE STERK FORMER BD MEM (EI)	0. 40.00						X	0.	2,640,975.	312,003.
(3) FAIZ U AHMAD, MD PHYSICIAN	60.00 0.					X		1,977,441.	442,578.	63,816.
(4) PAUL J CHAI, MD PHYSICIAN	60.00 0.					X		2,005,777.	0.	41,153.
(5) DANE PETERSON BD MEMBER (ESJ,DRHS)	34.00 36.00	X						1,596,549.	1,000.	196,734.
(6) SHERVIN OSKOU EI, MD PHYSICIAN	60.00 0.					X		1,680,148.	1,300.	51,302.
(7) DAN REFAI, MD PHYSICIAN	60.00 0.					X		1,615,131.	18.	56,797.
(8) BRYCE GARTLAND, MD BD MEMBER (WWC,DF)	2.00 65.00	X						1,515,510.	0.	151,410.
(9) SCOTT BODEN, MD BD MEMBER (EMCF)	61.00 0.	X						1,284,979.	262,650.	56,428.
(10) CHRISTOPHER AUGOSTINI BD MEMBER (EHC,EI,ESJ)	3.00 65.00	X						0.	1,141,416.	453,159.
(11) WALTER J CURRAN, MD PHYSICIAN	15.00 45.00					X		458,446.	1,037,509.	60,919.
(12) DANIEL L BARROW, MD BD MEMBER (EMCF)	51.00 10.00	X						971,030.	271,220.	59,434.
(13) VIKAS SUKHATME, MD BD MEMBER (EHC,TEC,ECC,EMCF)	4.00 60.00	X						553,022.	604,187.	53,290.
(14) IRA HOROWITZ, MD BD MEMBER (EHC,TEC)	19.00 48.00	X						978,548.	142,229.	64,566.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOHN F SWEENEY, MD BD MEMBER (EHC,EMCF)	36.00 26.00	X						906,498.	141,885.	67,869.
( 16) BILL BORNSTEIN, MD CMO AND CQPSO (EHC)	30.00 30.00				X			1,057,393.	0.	45,899.
( 17) JAMES T HATCHER TREASURER (ESJ); CFO (EHC)	35.00 31.00			X				1,023,385.	1,000.	42,059.
( 18) AUGUSTINE CONDUAH, MD BD MEMBER (DRHS)	61.00 0.	X						958,579.	0.	58,243.
( 19) CAROLYN MELTZER, MD FORMER BD MEM (TEC,EMCF)	40.00 20.00					X		415,578.	508,835.	54,898.
( 20) PATRICK HAMMOND CHIEF MKT SVCS OFFICER (EHC)	30.00 30.00				X			887,806.	0.	57,307.
( 21) STEPHEN D SENCER BD MEMBER (EI)	1.00 65.00	X						0.	671,452.	271,240.
( 22) DONALD I BRUNN FORMER BD MEM (TEC,ECC)	60.00 0.					X		879,050.	0.	59,639.
( 23) DAVID STEPHENS, MD BD MEMBER (EMCF)	1.00 60.00	X						353,837.	543,368.	40,357.
( 24) ALLAN I LEVEY, MD FORMER BD MEM (EMCF)	19.00 42.00					X		236,698.	587,171.	55,390.
( 25) SHARON PAPPAS BD MEMBER (WWC)	31.00 30.00	X						744,948.	0.	102,306.
<b>1b Sub-total</b>								23,875,457.	9,768,647.	2,954,119.
<b>c Total from continuation sheets to Part VII, Section A</b>								17,619,239.	12,466,001.	2,990,735.
<b>d Total (add lines 1b and 1c)</b>								41,494,696.	22,234,648.	5,944,854.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4037**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 281**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MARK RAPAPORT, MD BD MEMBER (EMCF)	17.00 44.00	X						369,208.	418,023.	56,609.
( 27) HEATHER DEXTER BD MEMBER (SJHA) CEO	61.00 0.	X		X				706,775.	0.	122,064.
( 28) SAGAR LONIAL, MD FOMER BD MEM (EHC)	40.00 20.00						X	488,533.	266,957.	45,217.
( 29) WILLIAM REISMAN, MD FORMER BD MEM (EMCF)	60.00 0.						X	0.	749,590.	48,174.
( 30) DWIGHT A MC BRIDE FORMER BD MEM (EI)	0. 65.00						X	0.	773,624.	23,737.
( 31) ALLEN BECK, MD BD MEMBER (TEC, EMCF)	2.00 60.00	X						407,785.	332,568.	56,608.
( 32) DAVID W WRIGHT, MD BD MEMBER (TEC, EMCF)	7.00 55.00	X						365,564.	321,584.	74,572.
( 33) SCOTT STEINBERG FORMER BD MEM (DMC, DRHS, DHR)	60.00 0.						X	719,748.	0.	31,861.
( 34) CHRISTIAN P LARSEN, MD FORMER BD MEM (EHC, EMCF, TEC)	20.00 40.00						X	383,519.	289,247.	62,638.
( 35) JAN LOVE BD MEMBER (EI)	1.00 65.00	X						0.	684,017.	36,636.
( 36) MAUREEN HALDEMAN COO (TEC)	60.00 0.			X				648,192.	0.	38,240.
<b>1b Sub-total</b>								4,089,324.	3,835,610.	596,356.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4037**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) CHARLES STALEY, MD ----- FORMER BD MEM (TEC)	60.00 0.						X	563,727.	57,236.	59,120.
( 38) JAMES FORSTNER ----- SEE SCH J PART III	64.00 0.	X		X				570,101.	0.	95,225.
( 39) GUIDO SILVESTRI ----- BD MEMBER (EMCF)	61.00 0.	X						198,774.	430,310.	34,858.
( 40) MARILYN MARGOLIS ----- CEO (EJC)	60.00 0.				X			589,457.	0.	36,247.
( 41) RAPHAEL GERSHON, MD ----- BD MEMBER (EMCF)	1.00 60.00	X						549,481.	0.	52,566.
( 42) SURESH RAMALINGHAM, MD ----- FORMER BD MEM (EHC)	30.00 30.00						X	144,368.	378,901.	70,077.
( 43) CARLOS DEL RIO, MD ----- BD MEMBER (EMCF)	1.00 60.00	X						9,168.	548,478.	35,133.
( 44) SHEILA SANDERS ----- CIO (EHC)	30.00 30.00				X			540,668.	0.	36,715.
( 45) GERARD MC GORISK, MD ----- BD MEMBER (TEC)	2.00 59.00	X						522,862.	0.	53,119.
( 46) LAURA FINDEISS, MD ----- BD MEMBER (EMCF)	13.00 48.00	X						0.	526,323.	45,182.
( 47) MICHAEL ANDRECHAK ----- OFFICER (EI) - TREASURER	0. 60.00			X				0.	519,770.	45,281.
<b>1b Sub-total</b> . . . . .								3,688,606.	2,461,018.	563,523.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) EDWARD LIN, MD BD MEMBER (EHC)	1.00 60.00	X						504,492.	4,103.	51,823.
( 49) DAVID KOOBY, MD BD MEMBER (SJHA)	51.00 10.00	X						509,318.	4,702.	42,380.
( 50) SHAWN TRITT, MD BD MEMBER (ESJ)	61.00 0.	X						492,398.	0.	51,054.
( 51) MICHAEL WALDMAN BD MEMBER (DRHS)	61.00 0.	X						476,965.	0.	50,497.
( 52) TAMMIE QUEST, MD BD MEMBER (TEC)	1.00 60.00	X						416,549.	47,676.	58,493.
( 53) THEODORE JOHNSON, MD FORMER BD MEM (EHC)	12.00 48.00						X	231,471.	225,592.	61,935.
( 54) WENDY WRIGHT, MD FORMER BD MEM (EHC)	60.00 0.						X	478,338.	18.	38,047.
( 55) MICHAEL FRANKEL, MD BD MEMBER (EMCF)	61.00 0.	X						4,352.	454,421.	52,353.
( 56) NICOLE FRANKS, MD BD MEMBER (EHC)	1.00 60.00	X						121,644.	330,503.	58,323.
( 57) JEFF BAXTER SEC (EHC, ESJ, SJHA)	30.00 30.00			X				85,906.	369,472.	49,591.
( 58) FRANK W BROWN, MD FORMER BD MEM (WWC)	17.00 43.00						X	477,829.	0.	25,409.
<b>1b Sub-total</b>								3,799,262.	1,436,487.	539,905.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) JEFF CARNEY, MD BD MEMBER (EMCF)	61.00 0.	X					4,053.	453,737.	35,495.	
( 60) ROBERT A SWERLICK, MD FORMER BD MEM (TEC)	30.00 30.00					X	243,286.	189,640.	55,738.	
( 61) RAOUL MAYER FORMER BD MEM (DF)	40.00 0.					X	427,440.	0.	45,720.	
( 62) MICHAEL LINDSAY, MD BD MEMBER (EMCF)	1.00 60.00	X					1,850.	425,943.	45,316.	
( 63) ANNE M MC KENZIE-BROWN BD MEMBER (EHC)	61.00 0.	X					406,810.	0.	51,754.	
( 64) SCOTT DAVIS JR, MD BD MEMBER (TEC)	61.00 0.	X					318,317.	86,858.	51,746.	
( 65) JOHN VAZQUEZ, MD FORMER BD MEM (TEC)	30.00 30.00					X	387,782.	0.	43,258.	
( 66) CARLA CHANDLER BD MEMBER (WWC)	1.00 60.00	X					69,887.	319,159.	36,470.	
( 67) YOUSUF KHALIFA, MD FORMER BD MEM (EMCF)	0. 45.00					X	0.	369,938.	51,156.	
( 68) JO ANN MANNING VP&CFO (SJHA, EJC)	60.00 0.				X		393,011.	0.	27,789.	
( 69) BROOKE MOORE CFO (TEC)	60.00 0.			X			374,636.	0.	36,106.	
<b>1b Sub-total</b>							2,627,072.	1,845,275.	480,548.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4037**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) SARAH SHOCKLEY INTERIM CHIEF HR OFFICER (EHC)	30.00 30.00				X			376,178.	0.	23,676.
( 71) CHARLES C BARNES, JR FORMER BD MEM (EHC,EI)	0. 60.00						X	0.	361,772.	32,587.
( 72) DAVID M GUIDOT, MD FORMER BD MEM (EHC)	45.00 0.						X	67,799.	279,880.	32,639.
( 73) MATTHEW HOGAN BD MEMBER (DF)	41.00 0.	X						341,152.	0.	38,860.
( 74) LIZ DAUNT-SAMFORD TREASURER (DF)	60.00 0.			X				342,941.	0.	29,006.
( 75) LUCKY JAIN, MD BD MEMBER (ECC)	1.00 45.00	X						0.	335,500.	35,263.
( 76) TINA-ANN THOMPSON BD MEMBER (DF)	41.00 0.	X						345,416.	4,584.	11,573.
( 77) MICHAEL QUINONES FORMER BD MEM (DMC, DRHS, DHR)	60.00 0.						X	343,324.	0.	18,100.
( 78) CATHERINE MALONEY BD MEMBER (WWC)	1.00 60.00	X						50,880.	266,186.	41,121.
( 79) GRAYSON NORQUIST FORMER BD MEM (EMCF)	30.00 30.00						X	0.	303,756.	36,503.
( 80) JUNE CONNOR BD MEMBER (WWC)	1.00 60.00	X						131,405.	179,496.	21,045.
<b>1b Sub-total</b>								1,999,095.	1,731,174.	320,373.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) LIZ MC CARTY SEC TREASURER (ECC)	40.00 0.			X				0.	295,292.	32,088.
( 82) DOUGLAS C MORRIS, MD FORMER BD MEM (ESJ,EHC,TEC)	56.00 4.00						X	294,602.	12,263.	19,526.
( 83) CORIE NOBLE TEWARI, MD BD MEMBER (DF)	1.00 0.	X						266,685.	0.	34,189.
( 84) JEN SCHUCK BD MEMBER (WWC)	46.00 0.	X						274,330.	0.	19,557.
( 85) MARY BETH ALLEN FORMER CHIEF HR OFFICER (EHC)	30.00 30.00						X	153,628.	0.	134,671.
( 86) MELINDA SIMON FORMER PRESIDENT&SECRETARY (EI)	0. 45.00						X	0.	218,882.	48,096.
( 87) LAURA ASPEY, MD FORMER BD MEM (EMCF)	0. 60.00						X	0.	211,751.	35,655.
( 88) LILICIA BAILEY CHIEF HR OFFICER (EHC)	30.00 30.00				X			237,888.	0.	7,884.
( 89) ASHLEY HOFFMAN SECRETARY (TEC)	45.00 0.			X				0.	184,492.	46,494.
( 90) CHARLES M CASSIDY PRESIDENT (EI)	1.00 40.00			X				0.	160,807.	40,784.
( 91) ROBERT WILSON BD MEMBER (DMC,DRHS,DHR)	43.00 0.	X						152,622.	0.	41,914.
<b>1b Sub-total</b> . . . . .								1,379,755.	1,083,487.	460,858.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) MICHAEL M E JOHNS, MD ----- FORMER BD MEM (EHC,ECC,EI)	0. ----- 41.00						X	0.	72,950.	26,456.
( 93) ADEDAPO ODETOYINBO, MD ----- FORMER BD MEM (ESJ)	60.00 ----- 0.						X	36,125.	0.	2,716.
( 94) J DAVID ALLEN ----- BD MEMBER (EHC,TEC)	2.00 ----- 0.	X						0.	0.	0.
( 95) E THOMAS ANDREWS ----- BD MEMBER (ESJ)	1.00 ----- 0.	X						0.	0.	0.
( 96) ELLEN A BAILEY ----- BD MEMBER (EHC,TEC,ESJ)	3.00 ----- 0.	X						0.	0.	0.
( 97) THOMAS BARKIN ----- BD MEMBER (ESJ)	1.00 ----- 1.00	X						0.	0.	0.
( 98) SISTER MARGARET BEATTY ----- BD MEMBER (SJHA)	1.00 ----- 0.	X						0.	0.	0.
( 99) RAVI BELLAMKONDA ----- BD MEMBER (EI)	1.00 ----- 60.00	X						0.	0.	0.
(100) DONNA BERGESON ----- BD MEMBER (SJHA)	1.00 ----- 0.	X						0.	0.	0.
(101) MITCHELL BLASS, MD ----- BD MEMBER (SJHA)	1.00 ----- 0.	X						0.	0.	0.
(102) CATHERINE BONK, MD ----- SEE SCH J PART III	4.00 ----- 0.	X		X				0.	0.	0.
<b>1b Sub-total</b> . . . . .								36,125.	72,950.	29,172.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) DONALD I BOYKIN BD MEMBER (EHC)	1.00 0.	X					0.	0.	0.	
(104) ADAM BRESSLER BD MEMBER (DMC, DRHS, DHR)	3.00 0.	X					0.	0.	0.	
(105) WILLIAM A BROSIUS BD MEMBER (EHC)	1.00 1.00	X					0.	0.	0.	
(106) LORETTA J BROWN BD MEMBER (DRHS)	1.00 0.	X					0.	0.	0.	
(107) ANTONIO BURDEN BD MEMBER (DF)	1.00 0.	X					0.	0.	0.	
(108) BENJAMIN R CARTER BD MEMBER (ESJ)	1.00 0.	X					0.	0.	0.	
(109) CHARLES CLIFTON, MD BD MEMBER (DF)	1.00 0.	X					0.	0.	0.	
(110) PHILIP COLETTI BD MEMBER (ESJ, SJHA)	2.00 0.	X					0.	0.	0.	
(111) ANDREW DIXON BD MEMBER (DMC, DF)	2.00 0.	X					0.	0.	0.	
(112) SISTER ANGELA EBBERWEIN BD MEMBER (SJHA)	1.00 0.	X					0.	0.	0.	
(113) OLIVIA EVANS BD MEMBER (DF, DRHS)	2.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) CHARLES R FINLEY, MD BD MEMBER (EHC)	1.00 0.	X					0.	0.	0.	
(115) DAVID FITZGERALD BD MEMBER (SJHA, ESJ)	2.00 0.	X					0.	0.	0.	
(116) ROBERT FITZGERALD BD MEMBER (SJHA)	1.00 0.	X					0.	0.	0.	
(117) RUSSELL R FRENCH BD MEMBER (EHC)	1.00 0.	X					0.	0.	0.	
(118) MICHAEL GERMAN BD MEMBER (DF)	1.00 0.	X					0.	0.	0.	
(119) DAVID E GEVERTZ BD MEMBER (DF)	1.00 0.	X					0.	0.	0.	
(120) CHARLES B GINDEN BD MEMBER (EHC, TEC)	2.00 0.	X					0.	0.	0.	
(121) JOSEPH R GLADDEN BD MEMBER (EHC)	1.00 0.	X					0.	0.	0.	
(122) JOHN T GLOVER BD MEMBER (EHC)	1.00 0.	X					0.	0.	0.	
(123) JOHN HAUPERT, MD BD MEMBER (EMCF)	1.00 0.	X					0.	0.	0.	
(124) SOFIA K IQBAL, MD BD MEMBER (DF)	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4037**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) DAVID JOLLAY ----- BD MEMBER (DRHS)	1.00 ----- 0.	X						0.	0.	0.
(126) MALIK R KARIMI ----- BD MEMBER (DF)	1.00 ----- 0.	X						0.	0.	0.
(127) GREGORY LEVETT SR ----- BD MEMBER (EHC, DMC, DRHS, DHR)	4.00 ----- 0.	X						0.	0.	0.
(128) BILL MC DONALD, MD ----- BD MEMBER (EMCF)	1.00 ----- 0.	X						0.	0.	0.
(129) TOM MC GAHAN ----- BD MEMBER (EHC, ESJ)	2.00 ----- 0.	X						0.	0.	0.
(130) ROBERT MC MAHAN ----- BD MEMBER (DRHS)	1.00 ----- 0.	X						0.	0.	0.
(131) ELIZABETH NARK ----- BD MEMBER (DF)	1.00 ----- 0.	X						0.	0.	0.
(132) SCOTT OVERCARSH ----- BD MEMBER (DRHS)	1.00 ----- 0.	X						0.	0.	0.
(133) GEORGE D OVEREND ----- BD MEMBER (EHC, TEC)	2.00 ----- 0.	X						0.	0.	0.
(134) NANCY PARIS ----- BD MEMBER (EHC)	1.00 ----- 0.	X						0.	0.	0.
(135) J NEAL PURCELL ----- BD MEMBER (EHC)	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4037

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) TYLER REYNOLDS BD MEMBER (DHR)	1.00 0.	X						0.	0.	0.
(137) BRUCE SIMMONS BD MEMBER (SJHA)	1.00 0.	X						0.	0.	0.
(138) DONALD E SMITH JR BD MEMBER (DMC, DRHS, DHR)	3.00 0.	X						0.	0.	0.
(139) DAVIS STEWART BD MEMBER (DF)	1.00 0.	X						0.	0.	0.
(140) TERRI TEN HOOR BD MEMBER (DF)	1.00 0.	X						0.	0.	0.
(141) ROSALIA THOMAS BD MEMBER (SJHA)	1.00 0.	X						0.	0.	0.
(142) DANIEL THOMPSON SEE SCH J PART III	4.00 0.	X		X				0.	0.	0.
(143) GREGORY VAUGHN BD MEMBER (ESJ)	1.00 0.	X						0.	0.	0.
(144) SAM A WILLIAMS BD MEMBER (EHC)	1.00 0.	X						0.	0.	0.
(145) ROBERT WINBORNE BD MEMBER (ESJ)	1.00 0.	X						0.	0.	0.
(146) BRADLEY HAWS TREASURER (ESJ); CFO (EHC)	35.00 31.00			X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4037**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	446,797.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	297,817.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		744,614.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b>		NET PHYSICIAN SERVICES REVENUE		900099	329,928,661.	329,928,661.		
<b>b</b>		NET PATIENT SERVICE REVENUE		900099	2,544,119,424.	2,544,119,424.		
<b>c</b>		OTHER OPERATING REVENUE		900099	181,929,886.	181,215,434.	714,452.	
<b>d</b>		MEDICAL DIRECTOR REVENUE-NON EMORY		900099	943,471.	943,471.		
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			3,056,921,442.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			6,254,823.		6,254,823.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b>	Royalties . . . . . ▶			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶				0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . . ▶				0.		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			0.			
<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶				0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			0.			
<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶				0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			0.			
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶				0.			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
	<b>11a</b>	INTERCOMPANY TRANSACTIONS		900099	196,062,500.	196,062,500.		
	<b>b</b>	CAFETERIA INCOME		900099	1,567,568.	1,567,568.		
	<b>c</b>	OTHER		900099	-12,192,472.	-12,192,472.		
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				185,437,596.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶				3,249,358,475.	3,241,644,586.	714,452.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	41,295,922.	40,750,360.	545,562.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	9,838,965.	9,708,982.	129,983.	
<b>7</b> Other salaries and wages . . . . .	1,620,861,927.	1,599,448,645.	21,413,282.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
<b>9</b> Other employee benefits . . . . .	333,778,565.	327,103,461.	6,675,104.	
<b>10</b> Payroll taxes . . . . .	0.			
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	2,850,249.	962,308.	1,887,941.	
<b>c</b> Accounting . . . . .	846,914.	131,623.	715,291.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0.			
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	67,438,306.	41,264,533.	26,173,773.	
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	0.			
<b>14</b> Information technology . . . . .	0.			
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	179,036,192.	176,772,147.	2,264,045.	
<b>17</b> Travel . . . . .	0.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	16,391,052.	16,249,742.	141,310.	
<b>21</b> Payments to affiliates . . . . .	411,123,556.	411,123,556.		
<b>22</b> Depreciation, depletion, and amortization . . . . .	77,200,309.	74,193,164.	3,007,145.	
<b>23</b> Insurance . . . . .	-4,774,931.	-6,966,306.	2,191,375.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT EXPENSE . . . . .	451,226,748.	451,226,748.		
<b>b</b> PURCHASED SERVICES . . . . .	158,875,792.	154,405,884.	4,469,908.	
<b>c</b> SUPPLIES . . . . .	351,145,686.	350,200,680.	945,006.	
<b>d</b> REIMBURSEMENTS . . . . .	-161,416,930.	-181,936,951.	20,520,021.	
<b>e</b> All other expenses . . . . .	-135,108,878.	-193,190,708.	58,081,830.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,420,609,444.	3,271,447,868.	149,161,576.	
<b>26 Joint costs.</b> 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) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	-1099226060.	<b>1</b>	-1391937455.	
	<b>2</b> Savings and temporary cash investments . . . . .	164,409,609.	<b>2</b>	159,260,783.	
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.	
	<b>4</b> Accounts receivable, net. . . . .	283,022,255.	<b>4</b>	285,108,745.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.	
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.	
	<b>8</b> Inventories for sale or use . . . . .	9,964,829.	<b>8</b>	10,247,973.	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	23,187,234.	<b>9</b>	19,817,543.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,964,104,748.			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,052,402,619.	792,054,317.	<b>10c</b>	911,702,129.
	<b>11</b> Investments - publicly traded securities. . . . .	40,316,819.	<b>11</b>	51,134,865.	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.	
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.	
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	254,731,145.	<b>15</b>	321,732,754.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	468,460,148.	<b>16</b>	367,067,337.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	438,529,933.	<b>17</b>	352,781,304.	
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.	
	<b>19</b> Deferred revenue. . . . .	78,631,867.	<b>19</b>	75,924,163.	
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	858,356,230.	<b>25</b>	955,424,899.	
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	1,375,518,030.	<b>26</b>	1,384,130,366.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	-924,543,755.	<b>27</b>	-1039087204.	
	<b>28</b> Net assets with donor restrictions. . . . .	17,485,873.	<b>28</b>	22,024,175.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	-907,057,882.	<b>32</b>	-1017063029.		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	468,460,148.	<b>33</b>	367,067,337.		



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,249,358,475.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,420,609,444.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-171,250,969.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	-907,057,882.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	61,245,822.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-1,017,063,029.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

EMORY GROUP RETURN

Employer identification number

90-0790361

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

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

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

(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		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					101,062,307.	

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1.	1.	1.	1.	1.	5.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	980,117,066.	1,028,766,940.	1,033,415,337.	955,780,794.	1,328,295,585.	5,326,375,721.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	980,117,066.	1,028,766,941.	1,033,415,338.	955,780,795.	1,328,295,586.	5,326,375,726.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0.
<b>c</b> Add lines 7a and 7b. . . . .						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						5,326,375,726.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .	980,117,066.	1,028,766,941.	1,033,415,338.	955,780,795.	1,328,295,586.	5,326,375,726.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,024,761.	859,717.	2,706,086.	3,414,211.	3,346,868.	11,351,643.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	1,024,761.	859,717.	2,706,086.	3,414,211.	3,346,868.	11,351,643.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	29,356,152.	75,391,419.	105,249,068.	174,569,033.	93,686,046.	478,251,718.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	1,010,497,979.	1,105,018,077.	1,141,370,492.	1,133,764,039.	1,425,328,500.	5,815,979,087.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	91.58 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	92.41 %

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	.20 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	.18 %

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, 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>	X	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		X

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			



**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.)

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

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
			YES	NO		
EMORY UNIVERSITY	58-0566256	2	X		101,062,307.	0.
TOTAL AMOUNT OF SUPPORT					<u>101,062,307.</u>	<u>0.</u>

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
--	--

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization **EMORY GROUP RETURN**

Employer identification number  
90-0790361

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 446,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 192,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **EMORY GROUP RETURN**

**Employer identification number**

90-0790361

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **EMORY GROUP RETURN**

Employer identification number  
90-0790361

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, 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.

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 100.0000 %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	170,431,617.
(2) ASSETS LIMITED AS TO USE	23,428,397.
(3) OTHER	127,472,740.
(4) GOODWILL	400,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	321,732,754.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO EMORY UNIVERSITY - DEBT	461,831,816.
(3) GENERAL&PROFESSIONAL LIABILITY	32,755,422.
(4) DIST. PAYABLE TO DEPARTMENTS	14,935,071.
(5) OTHER	18,552,263.
(6) THIRD PARTY SETTLEMENTS	16,641,911.
(7) DUE TO INTERCOMPANY	170,431,617.
(8) ACCRUED PENSION&457B LIABILITY	123,989,849.
(9) LONG TERM LEASE LIABILITY	116,286,950.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	955,424,899.

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII Supplemental Information (continued)**

PART X, LINE 2

ASC740, INCOME TAXES:

ALL ENTITIES INCLUDED IN THIS GROUP RETURN (EHC, TEC, WWC, EMCF, EI, ESJ, SJHA, ECC, DF, DMC, DRHS, DHR) ARE INCLUDED IN THE AUDITED FINANCIALS OF EMORY UNIVERSITY. A COPY OF EMORY UNIVERSITY'S AUGUST 31, 2021 AUDITED FINANCIALS IS ATTACHED TO THIS RETURN. THE GROUP DID NOT HAVE A SEPARATE INDEPENDENT AUDIT. INCOME TAXES FOOTNOTE IN THE ATTACHED AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

"THE UNIVERSITY IS RECOGNIZED AS A TAX-EXEMPT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE UNIVERSITY IS, HOWEVER, SUBJECT TO FEDERAL AND STATE INCOME TAX ON UNRELATED BUSINESS INCOME.

THE TAX CUTS AND JOB ACTS (THE ACT) IMPOSES AN EXCISE TAX ON NET INVESTMENT INCOME AND EXCESS COMPENSATION FOR CERTAIN ORGANIZATIONS AND ESTABLISHED RULES FOR CALCULATING UNRELATED BUSINESS INCOME. BASED ON REASONABLE ESTIMATES UNDER THE CURRENT REGULATORY GUIDANCE ON THE ACT, EMORY HAS RECOGNIZED CURRENT AND DEFERRED TAX LIABILITIES AGGREGATING \$34.6 MILLION AS OF AUGUST 31, 2021 AND \$4.5 MILLION AS OF AUGUST 31, 2020. THE UNIVERSITY ALSO HAS A NET OPERATING LOSS CARRYFORWARD RELATED TO UNRELATED BUSINESS INCOME AGGREGATING \$133.7 MILLION, FOR WHICH A VALUATION ALLOWANCE IS RECORDED AS OF AUGUST 31, 2021.

**Part XIII Supplemental Information (continued)**

THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITIONS AND AS OF AUGUST 31,  
2021 AND 2020, THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS."

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)**

**Hospitals**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://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 Financial Assistance and Certain Other Community Benefits at Cost**

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

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			30,037,925.		30,037,925.	.92
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			108,471,958.	83,806,258.	24,665,700.	.76
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .			138,509,883.	83,806,258.	54,703,625.	1.68
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			7,131.		7,131.	
<b>f</b> Health professions education (from Worksheet 5) . . . . .			4,075,222.	550,750.	3,524,472.	.11
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			172,559,662.	88,192,097.	84,367,565.	2.59
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			176,709.		176,709.	.01
<b>j Total.</b> Other Benefits . . . . .			176,818,724.	88,742,847.	88,075,877.	2.71
<b>k Total.</b> Add lines 7d and 7j . . . . .			315,328,607.	172,549,105.	142,779,502.	4.39

**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? . . . . .	X	
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. . . . .		
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 . . . . .		
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) . . . . .	151,498,187.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	185,345,510.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-33,847,323.
8 Describe in Part VI the extent to which any shortfall reported on 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? . . . . .	X	
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 . . . . .	X	

**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
<b>1</b> SAINT JOSEPH'S HOSPITAL OF ATLANTA 5665 PEACHTREE DUNWOODY ROAD ATLANTA GA 30342 WWW.EMORYHEALTHCARE.ORG 060-159	X	X				X	X			
<b>2</b> EMORY JOHNS CREEK HOSPITAL 6325 HOSPITAL PARKWAY JOHNS CREEK GA 30097 WWW.EMORYHEALTHCARE.ORG 060-631	X	X		X		X	X			
<b>3</b> EMORY DECATUR HOSPITAL 2701 NORTH DECATUR ROAD DECATUR GA 30030 WWW.EMORYHEALTHCARE.ORG 044-039	X	X					X			
<b>4</b> EMORY HILLANDALE HOSPITAL 2801 DEKALB MEDICAL PARKWAY LITHONIA GA 30058 WWW.EMORYHEALTHCARE.ORG 044-621	X	X					X			
<b>5</b> EMORY LONG-TERM ACUTE CARE 450 NORTH CANDLER STREET DECATUR GA 30030 WWW.EMORYHEALTHCARE.ORG 044-335	X								LONG-TERM ACUTE CARE	
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

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)

Name of hospital facility or letter of facility reporting group HOSPITAL FACILITIES: LINES 1-5

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-5

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group HOSPITAL FACILITIES: LINES 1-5

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



Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group HOSPITAL FACILITIES: LINES 1-5

		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? . . . . .	X	
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:		X
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 (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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? . . . . .	X	
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)**

Name of hospital facility or letter of facility reporting group HOSPITAL FACILITIES: LINES 1-5

		Yes	No
<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> 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		
<b>c</b>	<input checked="" type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.		X
<b>24</b>	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.		X

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**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**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? 192

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT ACWORTH 4791 SOUTH MAIN ST; UNITS 100, 110, 120, ACWORTH GA 30101	CLINIC CENTER
<b>2</b> EMORY AT ACWORTH 4769 SOUTH MAIN STREET ACWORTH GA 30101	CLINIC CENTER
<b>3</b> EMORY AT AVALON 2795 OLD MILTON PARKWAY ALPHARETTA GA 30004	CLINIC CENTER
<b>4</b> EMORY AESTHETIC CENTER 3200 DOWNWOOD CIRCLE ATLANTA GA 30327	CLINIC CENTER
<b>5</b> EMORY AT KIRKWOOD, OBSTETRICS & GYNECOLO 2199 COLLEGE AVENUE NE ATLANTA GA 30317	CLINIC CENTER
<b>6</b> EMORY AT OLD FOURTH WARD 740 RALPH MCGILL BLVD NE ATLANTA GA 30312	CLINIC CENTER
<b>7</b> EMORY AT PEACHTREE HILLS 2200 PEACHTREE HILLS NW ATLANTA GA 30309	CLINIC CENTER
<b>8</b> EMORY AT ST. JOSEPH'S PRIMARY CARE 5673 PEACHTREE DUNWOODY RD; DOB IV, STE ATLANTA GA 30342	CLINIC CENTER
<b>9</b> EMORY AT TOCO HILLS 2882 NORTH DRUID HILLS ROAD NE; SUITE B ATLANTA GA 30329	CLINIC CENTER
<b>10</b> EMORY BRAIN HEALTH CENTER 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address		Type of Facility (describe)
<b>1</b>	EMORY BRAIN HEALTH CENTER 550 PEACHTREE STREET; MOT 9TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>2</b>	EMORY BRAIN HEALTH CENTER 12 EXECUTIVE PARK SOUTH ATLANTA GA 30324	CLINIC CENTER
<b>3</b>	EMORY CLINIC 1525 CLIFTON ROAD; 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>4</b>	EMORY CLINIC 1525 CLIFTON ROAD; 3RD FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>5</b>	EMORY CLINIC 1525 CLIFTON ROAD; 4TH FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>6</b>	EMORY CLINIC 1525 CLIFTON ROAD; 4TH FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>7</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 1ST FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>8</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 1ST FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>9</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 3RD FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>10</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 3RD FLOOR ATLANTA GA 30322	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 3RD FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>2</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 3RD FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>3</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 3RD FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>4</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 4TH FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>5</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 4TH FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>6</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 4TH FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>7</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>8</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>9</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING A, 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>10</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address		Type of Facility (describe)
<b>1</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>2</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>3</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>4</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>5</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 7TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>6</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 8TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>7</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 9TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>8</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 9TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>9</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 10TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>10</b>	EMORY CLINIC 550 PEACHTREE STREET; MOT 11TH FLOOR ATLANTA GA 30308	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 6TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>2</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 14TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>3</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 15TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>4</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 15TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>5</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 18TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>6</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 18TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>7</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 19TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>8</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 19TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>9</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 6TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>10</b> EMORY CLINIC 550 PEACHTREE STREET; MOT 10TH FLOOR ATLANTA GA 30308	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address		Type of Facility (describe)
<b>1</b>	EMORY CLINIC 5671 PEACHTREE DUNWOODY RD; DOB III, STE ATLANTA GA 30342	CLINIC CENTER
<b>2</b>	EMORY CLINIC 5671 PEACHTREE DUNWOODY RD; DOB III, STE ATLANTA GA 30342	CLINIC CENTER
<b>3</b>	EMORY CLINIC 5673 PEACHTREE DUNWOODY RD; DOB IV, SUE ATLANTA GA 30342	CLINIC CENTER
<b>4</b>	EMORY CLINIC 5673 PEACHTREE DUNWOODY RD; DOB IV, STE ATLANTA GA 30342	CLINIC CENTER
<b>5</b>	EMORY CLINIC 5673 PEACHTREE DUNWOODY RD; DOB IV, STE ATLANTA GA 30342	CLINIC CENTER
<b>6</b>	EMORY CLINIC 5673 PEACHTREE DUNWOODY RD; DOB IV, STE ATLANTA GA 30342	CLINIC CENTER
<b>7</b>	EMORY CLINIC 5665 PEACHTREE DUNWOODY RD; HARRISON BLD ATLANTA GA 30342	CLINIC CENTER
<b>8</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 1ST FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>9</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 1ST FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>10</b>	EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 1ST FLOOR ATLANTA GA 30322	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 1ST FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>2</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>3</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>4</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 2ND FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>5</b> EMORY CLINIC 1365 CLIFTON RD; BUILDING B, 3RD, 4TH, 5 ATLANTA GA 30322	CLINIC CENTER
<b>6</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, 6TH FLOOR ATLANTA GA 30322	CLINIC CENTER
<b>7</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING B, TUNNEL ATLANTA GA 30322	CLINIC CENTER
<b>8</b> EMORY CLINIC 1605 CHANTILLY DR NE; SUITES 301, 392 ATLANTA GA 30324	CLINIC CENTER
<b>9</b> EMORY CLINIC 1365 CLIFTON ROAD; BUILDING C ATLANTA GA 30322	CLINIC CENTER
<b>10</b> EMORY CLINIC - H&V ADMIN 5671 PEACHTREE DUNWOODY RD; DOB III, STE ATLANTA GA 30342	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC (HARKEN BROOKHAVEN) 705 TOWN BOULEVARD ATLANTA GA 30219	CLINIC CENTER
<b>2</b> EMORY CLINIC AT COCA-COLA 1 COCA-COLA PLAZA NW ATLANTA GA 30313	CLINIC CENTER
<b>3</b> EMORY CLINIC AT DELTA 1030 DELTA BLVD ATLANTA GA 30354	CLINIC CENTER
<b>4</b> EMORY CLINIC FM STORAGE 610 NORTHSIDE DRIVE ATLANTA GA 30318	CLINIC CENTER
<b>5</b> EMORY CLINIC, CARDIOLOGY 2665 NORTH DECATUR RD; SUITE 240,260,530 DECATUR GA 30033	CLINIC CENTER
<b>6</b> EMORY CLINIC, GERIATRICS 2675 NORTH DECATUR ROAD; SUITE 604 DECATUR GA 30033	CLINIC CENTER
<b>7</b> EMORY HEART & VASCULAR CENTER 5671 PEACHTREE DUNWOODY RD; DOB III, STE ATLANTA GA 30342	CLINIC CENTER
<b>8</b> EMORY WOMEN'S CENTER 5673 PEACHTREE DUNWOODY RD; DOB IV, STE ATLANTA GA 30342	CLINIC CENTER
<b>9</b> ESA ADMINISTRATION 5669 PEACHTREE DUNWOODY RD; DOB I, STE 1 ATLANTA GA 30342	CLINIC CENTER
<b>10</b> ESA GYNECOLOGY 2665 NORTH DECATUR ROAD; SUITE 700 DECATUR GA 30033	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> WINSHIP CANCER CENTER 550 PEACHTREE STREET; MOT 16TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>2</b> WINSHIP CANCER CENTER 550 PEACHTREE STREET; MOT 18TH FLOOR ATLANTA GA 30308	CLINIC CENTER
<b>3</b> EMORY SPORTS COMPLEX 1968 HAWKS WAY; SUITE B BROOKHAVEN GA 30329	CLINIC CENTER
<b>4</b> EMORY HEART & VASCULAR CENTER 634 PEACHTREE PARKWAY; SUITE 100 CUMMING GA 30041	CLINIC CENTER
<b>5</b> EMORY AT CUMMING 634 PEACHTREE PARKWAY; SUITE 110 CUMMING GA 30041	CLINIC CENTER
<b>6</b> EMORY AT DECATUR, COLON & RECTAL SURGERY 2675 NORTH DECATUR ROAD; SUITE 710 DECATUR GA 30033	CLINIC CENTER
<b>7</b> EMORY AT DECATUR, ENT & FACIAL PLASTIC S 2675 NORTH DECATUR ROAD; SUITE 707 DECATUR GA 30033	CLINIC CENTER
<b>8</b> EMORY AT DECATUR, GASTROENTEROLOGY 2675 NORTH DECATUR ROAD; SUITE 701 DECATUR GA 30033	CLINIC CENTER
<b>9</b> EMORY AT DECATUR, GYNECOLOGIC ONCOLOGY 2675 NORTH DECATUR ROAD; SUITE 408 DECATUR GA 30033	CLINIC CENTER
<b>10</b> EMORY AT DECATUR, HEMATOLOGY & ONCOLOGY 2675 NORTH DECATUR ROAD; SUITE 200 DECATUR GA 30033	CLINIC CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT DECATUR 505 IRVIN COURT; SUITE 200 DECATUR GA 30033	CLINIC CENTER
<b>2</b> EMORY AT DECATUR, NEUROLOGY & SLEEP MEDI 2665 NORTH DECATUR ROAD; SUITE 450 DECATUR GA 30033	CLINIC CENTER
<b>3</b> EMORY AT DECATUR, NEUROSURGERY & SPINE 2675 NORTH DECATUR ROAD; SUITE 110 DECATUR GA 30033	CLINIC CENTER
<b>4</b> EMORY AT DECATUR, PODIATRY, WINN WAY 495 WINN WAY; SUITE 100 DECATUR GA 30033	CLINIC CENTER
<b>5</b> EMORY AT DECATUR, PRIMARY CARE 2675 NORTH DECATUR ROAD; SUITE 601 DECATUR GA 30033	CLINIC CENTER
<b>6</b> EMORY AT DECATUR, SPECIALTY SURGERY 2665 NORTH DECATUR ROAD; SUITE 130 DECATUR GA 30033	CLINIC CENTER
<b>7</b> EMORY AT DECATUR, SURGERY & SURGICAL ONC 2675 NORTH DECATUR ROAD; SUITE 609A DECATUR GA 30033	CLINIC CENTER
<b>8</b> EMORY AT DECATUR, SURGERY & SURGICAL ONC 2675 NORTH DECATUR ROAD; SUITE 609 DECATUR GA 30033	CLINIC CENTER
<b>9</b> EMORY AT DECATUR, THORACIC SURGERY 2675 NORTH DECATUR ROAD; SUITE 710 DECATUR GA 30033	CLINIC CENTER
<b>10</b> EMORY AT DECATUR, VASCULAR SURGERY 2675 NORTH DECATUR ROAD; SUITE 512 DECATUR GA 30033	CLINIC CENTER

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

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

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT DOWNTOWN DECATUR 200 EAST PONCE DE LEON AVENUE; SUITE 110 DECATUR GA 30030	CLINIC CENTER
<b>2</b> EMORY AT FLAT SHOALS 4153-B FLAT SHOALS PARKWAY; SUITE 200 DECATUR GA 30034	CLINIC CENTER
<b>3</b> EMORY DIALYSIS CENTER AT DECATUR 2165 N. DECATUR ROAD; SUITE 100 DECATUR GA 30030	CLINIC CENTER
<b>4</b> EMORY ENDOSCOPY 2665 NORTH DECATUR ROAD; SUITE 740 DECATUR GA 30033	CLINIC CENTER
<b>5</b> EMORY WOMEN'S CENTER 2665 NORTH DECATUR ROAD; SUITE 630/640 DECATUR GA 30033	CLINIC CENTER
<b>6</b> EMORY AT SUGARLOAF 1845 SATELLITE BLVD; SUITE 500 DULUTH GA 30097	CLINIC CENTER
<b>7</b> EMORY CLINIC 1845 SATELLITE BLVD; SUITE 600 DULUTH GA 30094	CLINIC CENTER
<b>8</b> EMORY AT DUNWOODY FAMILY PRACTICE 1776 OLD SPRING HOUSE LANE; SUITE 200 DUNWOODY GA 30338	CLINIC CENTER
<b>9</b> EMORY CLINIC 6335 HOSPITAL PKWY; 4TH, 5TH, 6TH FLOORS JOHNS CREEK GA 30097	CLINIC CENTER
<b>10</b> EMORY CLINIC 6300 HOSPITAL PKWY; SUITE 145 JOHNS CREEK GA 30097	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC 6335 HOSPITAL PARKWAY; SUITE 203 JOHNS CREEK GA 30097	CLINIC CENTER
<b>2</b> EMORY CLINIC 6335 HOSPITAL PARKWAY; SUITE 210 JOHNS CREEK GA 30097	CLINIC CENTER
<b>3</b> EMORY CLINIC 6335 HOSPITAL PKWY; SUITE 310 JOHNS CREEK GA 30097	CLINIC CENTER
<b>4</b> EMORY CLINIC 6335 HOSPITAL PARKWAY; SUITE 311 JOHNS CREEK GA 30097	CLINIC CENTER
<b>5</b> EMORY CLINIC ORTHOPAEDICS, SPORTS & SPIN 6335 HOSPITAL PARKWAY; STE 301, 302, 316 JOHNS CREEK GA 30097	CLINIC CENTER
<b>6</b> EMORY HEART & VASCULAR CENTER 6335 HOSPITAL PARKWAY; SUITE 110 JOHNS CREEK GA 30097	CLINIC CENTER
<b>7</b> EMORY WOMEN'S CENTER 12000 FINDLEY ROAD; SUITE 400 JOHNS CREEK GA 30097	CLINIC CENTER
<b>8</b> ESA ANESTHESIA ADMINISTRATION 6335 HOSPITAL PKWY; SUITE 303 JOHNS CREEK GA 30097	CLINIC CENTER
<b>9</b> EMORY AMBULATORY SURGERY CTR AT SPIVEY S 7813 SPIVEY STATION BLVD; SUITE 100 JONESBORO GA 30236	CLINIC CENTER
<b>10</b> EMORY CLINIC 7823 SPIVEY STATION BLVD; SUITE 100 JONESBORO GA 30236	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC 7823 SPIVEY STATION BLVD; SUITE 200 JONESBORO GA 30236	CLINIC CENTER
<b>2</b> EMORY ORTHOPAEDICS AND SPINE CENTER 7813 SPIVEY STATION BLVD; SUITE 220, 230 JONESBORO GA 30236	CLINIC CENTER
<b>3</b> EMORY AT LAGRANGE AMBULATORY SURGERY 1805 VERNON ROAD; SUITE C LAGRANGE GA 30240	CLINIC CENTER
<b>4</b> EMORY AT LAGRANGE DAVIS ROAD 380 SOUTH DAVIS ROAD; SUITE E, F LAGRANGE GA 30241	CLINIC CENTER
<b>5</b> SOUTHERN CENTER FOR ORTHOPEDICS (IMAGING) 1805 VERNON ROAD; SUITE D LAGRANGE GA 30240	CLINIC CENTER
<b>6</b> SOUTHERN CENTER FOR ORTHOPEDICS 1805 VERNON ROAD; SUITE B LAGRANGE GA 30240	CLINIC CENTER
<b>7</b> EMORY AT BEAVER RUIN 615 BEAVER RUIN RD NW; SUITE B LILBURN GA 30047	CLINIC CENTER
<b>8</b> EMORY AT MOUNTAIN PARK 4120 FIVE FORKS TRICKUM RD SW; SUITE 104 LILBURN GA 30047	CLINIC CENTER
<b>9</b> EMORY AT MOUNTAIN PARK 4120 FIVE FORKS TRICKUM ROAD; SUITE 105 LILBURN GA 30047	CLINIC CENTER
<b>10</b> EMORY AT HILLANDALE, NEUROSURGERY & SPIN 5910 HILLANDALE DR; SUITE 205A LITHONIA GA 30058	CLINIC CENTER

Schedule H (Form 990) 2020



**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT HILLANDALE, PRIMARY CARE 5910 HILLANDALE DRIVE; SUITE 301 LITHONIA GA 30058	CLINIC CENTER
<b>2</b> EMORY AT HILLANDALE, SURGERY & SURGICAL 5910 HILLANDALE DRIVE; SUITE 203 LITHONIA GA 30058	CLINIC CENTER
<b>3</b> EMORY AT HILLANDALE, VASCULAR SURGERY 5910 HILLANDALE DRIVE; SUITE 205 LITHONIA GA 30058	CLINIC CENTER
<b>4</b> EMORY AT MILLER GROVE 2745 DEKALB MEDICAL PARKWAY; SUITE 110 LITHONIA GA 30058	CLINIC CENTER
<b>5</b> EMORY AT STONECREST, ORTHOPAEDICS & SPOR 8225 MALL PARKWAY; SUITE 150 LITHONIA GA 30038	CLINIC CENTER
<b>6</b> EMORY AT STONECREST, PRIMARY CARE 8225 MALL PARKWAY; SUITE 100 LITHONIA GA 30038	CLINIC CENTER
<b>7</b> EMORY CLINIC 5910 HILLANDALE DR; SUITE 202 LITHONIA GA 30058	CLINIC CENTER
<b>8</b> EMORY HEART & VASCULAR CENTER 5900 HILLANDALE DR; SUITE 215 LITHONIA GA 30058	CLINIC CENTER
<b>9</b> EMORY AT PEACHTREE CITY, HEART & VASCULA 101 WORLD DRIVE; SUITE 125 PEACHTREE CITY GA 30269	CLINIC CENTER
<b>10</b> EMORY AT SHARPSBURG 3345 E. HIGHWAY 34; SUITE 101 SHARPSBURG GA 30277	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY CLINIC 3903 SOUTH COBB DRIVE; SUITE 120 SMYRNA GA 30080	CLINIC CENTER
<b>2</b> EMORY CLINIC 3903 SOUTH COBB DRIVE; SUITE 275 SMYRNA GA 30080	CLINIC CENTER
<b>3</b> EMORY AT CENTERVILLE 3555 CENTERVILLE HIGHWAY; SUITE 100 SNELLVILLE GA 30039	CLINIC CENTER
<b>4</b> EMORY AT SNELLVILLE 1600 MEDICAL WAY; SUITE 250 SNELLVILLE GA 30078	CLINIC CENTER
<b>5</b> EMORY AT SNELLVILLE 1790 PRESIDENTIAL CIRCLE; SUITE C SNELLVILLE GA 30078	CLINIC CENTER
<b>6</b> RHEUMATOLOGY ASSOCIATES OF DEKALB 2311 HENRY CLOWER BLVD; SUITE B SNELLVILLE GA 30078	CLINIC CENTER
<b>7</b> EMORY AT EAGLES LANDING 1050 EAGLE'S LANDING PKWY; SUITE 200 STOCKBRIDGE GA 30281	CLINIC CENTER
<b>8</b> EMORY AT STOCKBRIDGE HEART & VASCULAR 1050 EAGLE'S LANDING PKWY; SUITE 101 STOCKBRIDGE GA 30281	CLINIC CENTER
<b>9</b> EMORY AT STOCKBRIDGE HIGHWAY 138 3579 HIGHWAY 138; SUITE 101, 102 STOCKBRIDGE GA 30281	CLINIC CENTER
<b>10</b> EMORY AT ROCKBRIDGE 1192 ROCKBRIDGE RD; SUITE A STONE MOUNTAIN GA 30087	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT STONE MOUNTAIN 5462 MEMORIAL DRIVE; SUITE 202 STONE MOUNTAIN GA 30083	CLINIC CENTER
<b>2</b> EMORY AT TUCKER 1459 MONTREAL ROAD; SUITE 305 TUCKER GA 30084	CLINIC CENTER
<b>3</b> EMORY AT TUCKER 1462 MONTREAL ROAD; SUITE 303 TUCKER GA 30084	CLINIC CENTER
<b>4</b> EMORY CLINIC 1459 MONTREAL ROAD; SUITE 305 TUCKER GA 30084	CLINIC CENTER
<b>5</b> EMORY ORTHOPAEDICS AND SPINE CENTER 1459 MONTREAL ROAD; SUITE 304 TUCKER GA 30084	CLINIC CENTER
<b>6</b> EMORY DIALYSIS CENTER AT GREENBRIAR 2841 GREENBRIAR PRKWY ATLANTA GA 30331	CLINIC CENTER
<b>7</b> EMORY DIALYSIS CENTER AT NORTHSIDE 610 NORTHSIDE DRIVE ATLANTA GA 30318	CLINIC CENTER
<b>8</b> EMORY MUSCULOSKELETAL INSTITUTE 21 ORTHO LANE ATLANTA GA 30329	CLINIC CENTER
<b>9</b> EMORY AT BLAIRSVILLE, HEART & VASCULAR 15 EARNEST ST BLAIRSVILLE GA 30512	CLINIC CENTER
<b>10</b> EMORY AT BUFORD 3276 BUFORD DRIVE BUFORD GA 30519	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY HEART & VASCULAR CENTER 1400 WELLBROOK CIRCLE CONYERS GA 30207	CLINIC CENTER
<b>2</b> DECATUR PLAZA / EMORY NORTHLAKE 101 WEST PONCE DE LEON AVE DECATUR GA 30030	CLINIC CENTER
<b>3</b> EMORY AT DECATUR, ORTHOPAEDICS AND SPORT 1014 SYCAMORE DRIVE DECATUR GA 30033	CLINIC CENTER
<b>4</b> EMORY AT DECATUR, RHEUMATOLOGY 2712 NORTH DECATUR ROAD DECATUR GA 30033	CLINIC CENTER
<b>5</b> EMORY AT DECATUR 1418 SCOTT BLVD DECATUR GA 30030	CLINIC CENTER
<b>6</b> EMORY AT OAK GROVE 2840-A LAVISTA ROAD DECATUR GA 30033	CLINIC CENTER
<b>7</b> EMORY CLINIC (HARKEN DECATUR) 158 PONCE DE LEON AVENUE DECATUR GA 30308	CLINIC CENTER
<b>8</b> EMORY CLINIC AT DECATUR 2801 NORTH DECATUR ROAD DECATUR GA 30033	CLINIC CENTER
<b>9</b> EMORY DIALYSIS CENTER AT CANDLER 2726 CANDLER ROAD DECATUR GA 30034	CLINIC CENTER
<b>10</b> EMORY AT DULUTH HEART & VASCULAR 4245 PLEASANT HILL ROAD DULUTH GA 30096	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT DUNWOODY 4500 NORTH SHALLOWFORD ROAD DUNWOODY GA 30338	CLINIC CENTER
<b>2</b> EMORY CLINIC ORTHOPAEDICS AND ASC 4555 NORTH SHALLOWFORD ROAD DUNWOODY GA 30338	CLINIC CENTER
<b>3</b> EMORY ORTHOPAEDICS AND SPINE AT FLOWERY 4450 FALCON PKWY FLOWERY BRANCH GA 30542	CLINIC CENTER
<b>4</b> EMORY HEART & VASCULAR CENTER 110 S. MAIN ST HIAWASSEE GA 30546	CLINIC CENTER
<b>5</b> EMORY AT LAGRANGE ADMINISTRATION 1801 VERNON RD LAGRANGE GA 30240	CLINIC CENTER
<b>6</b> EMORY AT LAGRANGE SMITH STREET 303 SMITH STREET LAGRANGE GA 30240	CLINIC CENTER
<b>7</b> EMORY AT LAGRANGE, ONCOLOGY 306/308/310 LEWIS ST LAGRANGE GA 30240	CLINIC CENTER
<b>8</b> EMORY AT LOCUST GROVE HEART & VASCULAR 4851 BILL GARDNER PKWY LOCUST GROVE GA 30248	CLINIC CENTER
<b>9</b> EMORY AT EAST COBB 137 JOHNSON FERRY ROAD MARIETTA GA 30068	CLINIC CENTER
<b>10</b> EMORY WOMEN'S HEART CENTER 137 JOHNSON FERRY ROAD MARIETTA GA 30068	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY AT MCDONOUGH 259 JONESBORO ROAD MCDONOUGH GA 30253	CLINIC CENTER
<b>2</b> EUHM IMAGING CENTER AT MCDONOUGH 249 JONESBORO ROAD MCDONOUGH GA 30253	CLINIC CENTER
<b>3</b> EMORY AT PEACHTREE CITY 3000 SHAKERAG HILL PEACHTREE CITY GA 30269	CLINIC CENTER
<b>4</b> EMORY AT RIVERDALE 6507 PROFESSIONAL PLACE RIVERDALE GA 30274	CLINIC CENTER
<b>5</b> EMORY CLINIC 1570 HOLCOMB BR. RD ROSWELL GA 30076	CLINIC CENTER
<b>6</b> EMORY AT BELMONT 1060 WINDY HILL RD SE SMYRNA GA 30080	CLINIC CENTER
<b>7</b> EMORY AT SNELLVILLE 1608 TREE LANE SNELLVILLE GA 30078	CLINIC CENTER
<b>8</b> EMORY AT SNELLVILLE 2356 LENORA CHURCH RD SNELLVILLE GA 30078	CLINIC CENTER
<b>9</b> EMORY AT SNELLVILLE 1742 OAK ROAD SNELLVILLE GA 30078	CLINIC CENTER
<b>10</b> EMORY AT TUCKER 5019 LAVISTA ROAD TUCKER GA 30084	CLINIC CENTER

Schedule H (Form 990) 2020

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> EMORY HEART & VASCULAR CENTER 401 PERMIAN WAY VILLA RICA GA 30180	CLINIC CENTER
<b>2</b> EMORY AT WEST POINT 1610 E 10TH STREET WEST POINT GA 31833	CLINIC CENTER
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINES 3A & 3B

FPG ELIGIBILITY:

PLEASE SEE THE FINANCIAL ASSISTANCE POLICY AND PLAIN LANGUAGE SUMMARY AT:

[HTTP://EMORYHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE.HTML](http://emoryhealthcare.org/patients-visitors/financial-assistance.html)

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-2021/INDEX.HTML](http://whsc.emory.edu/publications/community-benefits-2021/index.html)

PART I, LINE 7, COLUMN F

PERCENT OF TOTAL EXPENSE:

IN THE "PERCENT OF TOTAL EXPENSE" CALCULATION CONTAINED IN COLUMN F OF

PART I, LINE 7, THE DENOMINATOR (TOTAL FUNCTIONAL EXPENSES REPORTED ON



**Part 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.

PART IX, LINE 25A) WAS REDUCED BY \$168,647,087 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 10.66%.

**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.

PART I, LINE 7

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST:

EMORY UNIVERSITY INCLUDES ONE OF THE NATION'S LEADING ACADEMIC COMPLEXES FOR TEACHING, RESEARCH, AND PATIENT CARE - THE ROBERT W. WOODRUFF HEALTH SCIENCES CENTER (WHSC). THE WHSC INCLUDES EMORY UNIVERSITY SCHOOL OF MEDICINE, NELL HODGSON WOODRUFF SCHOOL OF NURSING, ROLLINS SCHOOL OF PUBLIC HEALTH, WINSHIP CANCER INSTITUTE, YERKES NATIONAL PRIMATE RESEARCH CENTER, AND EMORY HEALTHCARE, WHICH IS THE WHSC'S SYSTEM OF HEALTH CARE OPERATIONS. EMORY HEALTHCARE INCLUDES PHYSICIAN GROUPS 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.

**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.

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 HEALTHCARE OF ATLANTA, INC. AND THE ATLANTA VETERANS AFFAIRS MEDICAL CENTER ("ATLANTA VA"). EMORY UNIVERSITY SCHOOL OF MEDICINE IS A MAJOR SUPPLIER OF THE PHYSICIANS (BOTH MEDICAL FACULTY AND PHYSICIAN RESIDENTS IN TRAINING) AT GRADY, PROVIDING 80% OF PHYSICIAN CARE AT THIS FACILITY, WHICH IS ONE OF THE LARGEST PUBLIC HOSPITALS IN THE SOUTHEAST.

EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, AS WELL AS GRADY, THE

**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.
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- 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.

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 \$33 MILLION IN UNCOMPENSATED PATIENT CARE TO GRADY IN FY 2021. 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 \$58 MILLION

**Part VI Supplemental Information**

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FOR THIS PURPOSE IN FY 2021. 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-2021/INDEX.HTML](http://whsc.emory.edu/publications/community-benefits-2021/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-2021/CC-OVERVIEW.HTM](http://whsc.emory.edu/publications/community-benefits-2021/cc-overview.htm)

L

IN COMPARISON WITH OTHER HOSPITALS IN METRO ATLANTA AND THE SURROUNDING

**Part VI** Supplemental Information

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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 AND PROCEDURES AVAILABLE NOWHERE ELSE IN THE STATE, INCLUDING HIGH COMPLEX TRANSPLANT PROCEDURES, AMONG OTHERS. EMORY UNIVERSITY HOSPITAL HELPS PIONEER, TEST, AND DEVELOP NEW PROCEDURES THAT EVENTUALLY MAKE THEIR WAY INTO THE BROADER COMMUNITY OF HEALTH CARE PROVIDERS. IN ADDITION, IN PARTNERSHIP WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, EMORY UNIVERSITY HOSPITAL HAS A

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SPECIAL ISOLATION UNIT FOR THE CARE OF PATIENTS WITH SERIOUS COMMUNICABLE DISEASES - SUCH AS CDC EMPLOYEES WHO HAVE CONFIRMED, PROBABLE, OR SUSPECTED INFECTION WITH OR EXPOSURE TO PATHOGENS SUCH AS EBOLA, SMALLPOX, PNEUMONIC PLAGUE, OR SARS THAT ARE ASSOCIATED WITH HIGH INFECTIVITY RATES.

EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL (EUOSH), AN EXTENSION OF EUH'S ACUTE CARE SERVICES, IS A 120-BED FACILITY THAT PROVIDES MEDICAL AND SURGICAL CARE FOR ORTHOPAEDIC AND SPINE PATIENTS AS WELL AS GENERAL ACUTE CARE FOR PATIENTS WITH NONSURGICAL NEEDS. AS A NOT-FOR-PROFIT ACADEMIC MEDICAL CENTER, EUH AND EUOSH ARE COMMITTED TO PROVIDING THE BEST CARE FOR OUR PATIENTS, EDUCATING HEALTH PROFESSIONALS AND LEADERS FOR THE FUTURE, PURSUING DISCOVERY RESEARCH, AND SERVING OUR COMMUNITY.

EMORY UNIVERSITY HOSPITAL MIDTOWN (EUHM), WHICH INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT AMONG ITS OTHER ICUS, ALSO HAS A CASE-MIX INDEX THAT IS CONSIDERABLY HIGHER THAN THAT OF MOST COMMUNITY HOSPITALS. IN PARTNERSHIP WITH THE ATLANTA POLICE DEPARTMENT, EMORY UNIVERSITY

**Part VI** Supplemental Information

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HOSPITAL MIDTOWN HAS A MINI ATLANTA POLICE STATION PRECINCT ON ITS SITE,  
WHICH HOUSES NUMEROUS SWORN POLICE EMPLOYEES WITH RESPONSIBILITY FOR  
PATROLLING MIDTOWN AND DOWNTOWN ATLANTA.

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.



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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 ORTHOPEDICS 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 CENTERS AND PROGRAMS THAT ADVANCE THE SCIENCE OF MEDICINE WHILE PROVIDING

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OUTSTANDING PATIENT CARE. SOME OF THESE CENTERS INCLUDE THE EMORY BARIATRICS CENTER AT JOHNS CREEK, BREAST IMAGING CENTER, HYPERBARICS AND WOUND CARE SERVICES AND THE BIRTH CENTER.

FOUNDED IN 1961, EMORY DECATUR HOSPITAL (EDH) IS AN INTEGRAL MEMBER OF THE COMMUNITY. AS A 451-BED ACUTE CARE HOSPITAL, EDH OFFERS A VARIETY OF PREMIER SERVICES, INCLUDING JOINT REPLACEMENT, SURGICAL WEIGHT LOSS, MAMMOGRAPHY, CANCER TREATMENT, HEARTBURN SOLUTIONS, AND A MEDICAL FITNESS ASSOCIATION CERTIFIED WELLNESS CENTER. THE EDH MATERNITY CENTER IS THE FIRST IN GEORGIA TO RECEIVE THE INTERNATIONAL "BABY-FRIENDLY" HOSPITAL DESIGNATION. EDH IS ALSO A CERTIFIED PRIMARY STROKE CENTER. IN 2018, EDH BECAME A PART OF THE EMORY HEALTHCARE SYSTEM.

EMORY HILLDALE HOSPITAL (EHH) HAS SERVED THE HEALTH CARE NEEDS OF THE COMMUNITY SINCE 2005. EHH IS A 100-BED HOSPITAL THAT OFFERS A WIDE RANGE OF TREATMENTS AND SERVICES, INCLUDING RADIOLOGY, SURGERY, EMERGENCY CARE, AND INFUSION SERVICES. EHH ALSO OFFERS SPECIALTY EXPERTISE IN AREAS RANGING FROM ORTHOPEDICS AND REHABILITATION TO CARDIOLOGY, ENDOCRINOLOGY,

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HEMATOLOGY, DIABETES, AND NUTRITION. IN 2018, EHH BECAME A PART OF THE  
EMORY HEALTHCARE SYSTEM.

EMORY'S LONG-TERM ACUTE CARE (ELTAC) FACILITY IS A 76-BED SPECIALTY-CARE  
HOSPITAL DESIGNED FOR PATIENTS WITH SERIOUS MEDICAL PROBLEMS THAT REQUIRE  
INTENSE, SPECIALIZED CARE, AND REHABILITATION FOR AN EXTENDED PERIOD OF  
TIME. ELTAC SPECIALIZES IN PULMONARY REHABILITATION, INCLUDING VENTILATOR  
WEANING, AS WELL AS GENERAL REHABILITATION, PHYSICAL THERAPY, AND WOUND  
CARE. IN 2018, ELTAC BECAME A PART OF THE EMORY HEALTHCARE SYSTEM.

PART III, SECTION A, LINE 4 AND SECTION B, LINES 2 AND 3

FOOTNOTE TO FINANCIAL STATEMENTS:

EMORY UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOOTNOTE #6 NET PATIENT  
SERVICE REVENUE AND RECEIVABLES INCLUDES DISCUSSION ON PROVISIONS FOR  
UNCOLLECTIBLE ACCOUNTS FOR EMORY HEALTHCARE.

EMORY UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOOTNOTE #1 ORGANIZATION

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DESCRIBES WHAT IS INCLUDED IN EMORY HEALTHCARE FOR FINANCIAL REPORTING PURPOSES.

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.

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.

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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.

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

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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.

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

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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](http://www.emoryhealthcare.org/patients-visitors/financial-assistance.html)

PART VI, LINE 4

COMMUNITY INFORMATION:

FOR THE PURPOSE OF SAINT JOSEPH'S HOSPITAL OF ATLANTA'S (SJHA) COMMUNITY HEALTH NEEDS ASSESSMENT, SJHA'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH 75% OF SJHA'S INPATIENT ADMISSIONS ORIGINATE. SJHA'S PRIMARY SERVICE AREA INCLUDES DEKALB, FULTON, GWINNETT, AND COBB COUNTIES IN GEORGIA.

FOR THE PURPOSE OF EMORY JOHNS CREEK HOSPITAL'S (EJCH) COMMUNITY HEALTH NEEDS ASSESSMENT, EJCH'S COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM

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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 HILLDALE 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



**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.

COUNTIES.

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](http://www.emoryhealthcare.org/about/community-impact/index.html)

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

**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.
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- 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.

CHANGED THE FACE OF MEDICAL HISTORY.

PART V, SECTION B, LINES 3E, 3J AND LINE 5

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](http://www.emoryhealthcare.org/community-impact/index.html)

**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.
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- 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.

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](http://www.emoryhealthcare.org/about/community-impact/index.html)

**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.
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- 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.

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 AND INCLUDED ALL OF EMORY HEALTHCARE WHICH CONSISTS OF PHYSICIAN GROUPS AS WELL AS THE HOSPITAL FACILITIES.

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

**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.
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- 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.

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.

PART V, LINE 11

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

**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.
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- 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.

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 FISCAL YEAR 2016 IMPLEMENTATION STRATEGY PLANS DEVELOPED BY EACH HOSPITAL. SEE FURTHER DETAILS AT:  
[HTTP://WWW.EMORYHEALTHCARE.ORG/ABOUT/COMMUNITY-IMPACT/INDEX.HTML](http://www.emoryhealthcare.org/about/community-impact/index.html)

PART V, SECTION B, LINES 7A AND 10A  
[HTTP://WWW.EMORYHEALTHCARE.ORG/COMMUNITY/INDEX.HTML](http://www.emoryhealthcare.org/community/index.html)

**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.
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- 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.

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:

[HTTP://WWW.EMORYHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIALASSISTANCE.HTML](http://www.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

**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.
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- 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.

ACCESS DEPARTMENT.



**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.
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- 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.

STATE FILING OF COMMUNITY BENEFIT REPORT

GA,

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**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**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> MARY BETH ALLEN FORMER CHIEF HR OFFICER (EHC)	(i)	26,684.	27,397.	1,878.	132,793.	288,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.
<b>2</b> MICHAEL ANDRECHAK OFFICER (EI) - TREASURER	(i)	363,420.	0.	25,650.	19,631.	565,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.
<b>3</b> LAURA ASPEY, MD FORMER BD MEM (EMCF)	(i)	207,000.	4,751.	18,962.	16,693.	247,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.
<b>4</b> CHRISTOPHER AUGOSTINI BD MEMBER (EHC,EI,ESJ)	(i)	1,047,486.	0.	93,930.	30,319.	1,594,575.	0.
	(ii)	116,937.	120,000.	951.	7,884.	245,772.	0.
<b>5</b> LILICIA BAILEY CHIEF HR OFFICER (EHC)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
<b>6</b> CHARLES C BARNES, JR FORMER BD MEM (EHC,EI)	(i)	361,772.	0.	25,650.	6,937.	394,359.	0.
	(ii)	810,340.	125,509.	35,181.	17,248.	1,013,928.	0.
<b>7</b> DANIEL I BARROW, MD BD MEMBER (EMCF)	(i)	270,458.	0.	762.	216.	287,756.	0.
	(ii)	35,156.	50,000.	750.	1,482.	87,388.	0.
<b>8</b> JEFF BAXTER SEC (EHC,ESJ,SJHA)	(i)	369,472.	0.	23,430.	24,679.	417,581.	0.
	(ii)	292,801.	90,545.	13,445.	17,950.	439,180.	0.
<b>9</b> ALLEN BECK, MD BD MEMBER (TEC, EMCF)	(i)	331,385.	1,183.	24,997.	216.	357,781.	0.
	(ii)	1,041,604.	208,845.	34,530.	28,873.	1,330,952.	0.
<b>10</b> SCOTT BODEN, MD BD MEMBER (EMCF)	(i)	262,650.	0.	10,239.	216.	273,105.	0.
	(ii)	658,209.	333,061.	66,123.	24,817.	1,088,528.	0.
<b>11</b> BILL BORNSTEIN, MD CWO AND CQFSO (EHC)	(i)	0.	0.	14,764.	0.	14,764.	0.
	(ii)	401,829.	58,575.	24,810.	35.	502,674.	0.
<b>12</b> FRANK W BROWN, MD FORMER BD MEM (WVC)	(i)	0.	0.	428.	136.	564.	0.
	(ii)	545,806.	264,361.	68,883.	40,189.	938,689.	0.
<b>13</b> DONALD I BRUNN FORMER BD MEM (TEC,ECC)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	2,868.	0.	1,185.	8,270.	12,718.	0.
<b>14</b> JEFF CARNEY, MD BD MEMBER (EMCF)	(i)	434,772.	17,940.	1,025.	1,180.	480,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.
<b>15</b> CHARLES M CASSIDY PRESIDENT (EI)	(i)	160,807.	0.	15,310.	25,474.	201,591.	0.
	(ii)	0.	68,882.	3,690.	2,583.	76,160.	0.
<b>16</b> CARIA CHANDLER BD MEMBER (WVC)	(i)	318,785.	0.	7,992.	22,205.	349,356.	0.
	(ii)	0.	0.	374.	0.	374.	0.

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AUGUSTINE CONDUAH, MD BD MEMBER (DRHS)	(i)	942,173.	7,300.	9,106.	25,650.	11,949.	996,178.
	(ii)	0.	0.	0.	450.	20,194.	20,644.
2 JUNE CONNOR BD MEMBER (WVC)	(i)	65,245.	65,267.	893.	3,082.	11,285.	145,772.
	(ii)	177,172.	0.	2,324.	6,678.	0.	186,174.
3 LIZ DAUNT-SAMFORD TREASURER (DF)	(i)	292,029.	49,808.	1,104.	10,682.	18,324.	371,947.
	(ii)	0.	0.	0.	0.	0.	0.
4 SCOTT DAVIS JR, MD BD MEMBER (TEC)	(i)	287,127.	19,064.	12,126.	25,650.	17,933.	361,900.
	(ii)	86,132.	0.	726.	525.	7,638.	95,021.
5 CARLOS DEL RIO, MD BD MEMBER (EMCF)	(i)	6,623.	0.	2,545.	292.	8,270.	17,730.
	(ii)	504,526.	43,556.	396.	25,650.	921.	575,049.
6 HEATHER DEXTER BD MEMBER (SJHA) CEO	(i)	459,259.	207,895.	39,621.	85,270.	36,794.	828,839.
	(ii)	0.	0.	0.	0.	0.	0.
7 LAURA FINDEISS, MD BD MEMBER (EMCF)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	518,040.	4,776.	3,507.	35,177.	10,005.	571,505.
8 JAMES FORSTNER SEE SCH J PART III	(i)	433,854.	134,720.	1,527.	78,579.	16,646.	665,326.
	(ii)	0.	0.	0.	0.	0.	0.
9 MICHAEL FRANKEL, MD BD MEMBER (EMCF)	(i)	2,556.	0.	1,796.	153.	19,236.	23,741.
	(ii)	448,983.	5,180.	258.	25,650.	7,314.	487,385.
10 NICOLE FRANKS, MD BD MEMBER (EHC)	(i)	69,167.	51,727.	750.	25,650.	311.	147,605.
	(ii)	317,711.	0.	12,792.	515.	31,847.	362,865.
11 BRYCE GARTLAND, MD BD MEMBER (WVC,DF)	(i)	706,009.	762,931.	46,570.	124,087.	27,323.	1,666,920.
	(ii)	0.	0.	0.	0.	0.	0.
12 RAPHAEL GERSHON, MD BD MEMBER (EMCF)	(i)	533,764.	13,642.	2,075.	26,010.	26,556.	602,047.
	(ii)	0.	0.	0.	0.	0.	0.
13 DAVID M GUIDOT, MD FORMER BD MEM (EHC)	(i)	65,729.	0.	2,070.	4,320.	5,201.	77,320.
	(ii)	245,039.	34,344.	497.	21,639.	1,479.	302,998.
14 MAUREEN HALDEMAN COO (TEC)	(i)	451,089.	194,260.	2,843.	14,100.	24,140.	686,432.
	(ii)	0.	0.	0.	0.	0.	0.
15 PATRICK HAMMOND CHIEF MKT SVCS OFFICER (EHC)	(i)	535,958.	282,519.	69,329.	19,125.	38,182.	945,113.
	(ii)	0.	0.	0.	0.	0.	0.
16 JAMES T HATCHER TREASURER (ESJ); CFO (EHC)	(i)	640,312.	318,799.	64,274.	19,950.	22,109.	1,065,444.
	(ii)	1,000.	0.	0.	0.	0.	1,000.

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ASHLEY HOFFMAN SECRETARY (TEC)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	183,892.	0.	600.	17,441.	230,986.	0.
2 MATTHEW HOGAN BD MEMBER (DF)	(i)	328,412.	11,177.	1,563.	2,640.	351,934.	0.
	(ii)	0.	0.	0.	5,294.	28,078.	0.
3 IRA HOROWITZ, MD BD MEMBER (EHC,TEC)	(i)	600,873.	335,621.	42,054.	21,210.	1,013,821.	0.
	(ii)	141,467.	0.	762.	21,890.	171,522.	0.
4 LUCKY JAIN, MD BD MEMBER (ECC)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	278,390.	57,110.	0.	25,223.	370,763.	0.
5 MICHAEL M E JOHNS, MD FORMER BD MEM (EHC,ECC,EI)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	69,251.	0.	3,699.	6,095.	99,406.	0.
6 THEODORE JOHNSON, MD FORMER BD MEM (EHC)	(i)	174,209.	56,612.	650.	14,176.	248,182.	0.
	(ii)	225,334.	0.	258.	20,298.	270,816.	0.
7 YOUSUF KHALIFA, MD FORMER BD MEM (EMCF)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	358,672.	11,266.	0.	24,423.	421,094.	0.
8 DAVID KOOBY, MD BD MEMBER (SJHA)	(i)	490,675.	5,491.	13,152.	25,650.	550,985.	0.
	(ii)	4,674.	0.	28.	525.	5,415.	0.
9 CHRISTIAN P LARSEN, MD FORMER BD MEM (EHC,EMCF,TEC)	(i)	308,899.	38,404.	36,216.	22,454.	419,889.	0.
	(ii)	288,851.	0.	396.	20,646.	315,515.	0.
10 ALLAN I LEVEY, MD FORMER BD MEM (EMCF)	(i)	124,754.	101,932.	10,012.	11,228.	261,989.	0.
	(ii)	586,409.	0.	762.	25,650.	617,270.	0.
11 JONATHAN S LEWIN, MD SEE SCH J PART III	(i)	696,913.	1,031,715.	46,476.	17,450.	1,800,824.	0.
	(ii)	674,890.	0.	94,964.	449,741.	1,222,035.	0.
12 EDWARD LIN, MD BD MEMBER (EHC)	(i)	484,004.	6,736.	13,752.	25,650.	535,009.	0.
	(ii)	4,075.	0.	28.	1,140.	25,409.	0.
13 MICHAEL LINDSAY, MD BD MEMBER (EMCF)	(i)	1,200.	0.	650.	72.	3,404.	0.
	(ii)	416,081.	9,862.	0.	29,422.	469,705.	0.
14 SAGAR IONIAL, MD FORMER BD MEM (EHC)	(i)	385,540.	71,866.	31,127.	23,820.	513,827.	0.
	(ii)	266,819.	0.	138.	18,767.	286,880.	0.
15 JAN IOVE BD MEMBER (EI)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	684,017.	0.	0.	25,650.	720,653.	0.
16 CATHERINE MALONEY BD MEMBER (WCC)	(i)	49,549.	0.	1,331.	3,001.	62,716.	0.
	(ii)	265,344.	0.	842.	6,501.	295,471.	0.

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JO ANN MANNING VP&CFO (SJHA,EJC)	(i)	321,814.	69,294.	1,903.	11,716.	16,073.	420,800.
	(ii)	0.	0.	0.	0.	0.	0.
MARIILYN MARGOLIS CEO (EJC)	(i)	360,251.	186,267.	42,939.	13,154.	23,093.	625,704.
	(ii)	0.	0.	0.	0.	0.	0.
3 RAOUL MAYER FORMER BD MEM (DF)	(i)	419,269.	7,300.	871.	12,810.	32,910.	473,160.
	(ii)	0.	0.	0.	0.	0.	0.
4 DWIGHT A MC BRIDE FORMER BD MEM (EI)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	241,707.	0.	531,917.	20,020.	3,717.	797,361.
5 LIZ MC CARTY SEC TREASURER (ECC)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	249,161.	46,131.	0.	22,556.	9,532.	327,380.
6 GERARD MC GORISK, MD BD MEMBER (TEC)	(i)	389,638.	119,264.	13,960.	26,145.	26,974.	575,981.
	(ii)	0.	0.	0.	0.	0.	0.
7 ANNE M MC KENZIE-BROWN BD MEMBER (EHC)	(i)	377,019.	13,131.	16,660.	26,160.	25,594.	458,564.
	(ii)	0.	0.	0.	0.	0.	0.
8 CAROLYN MELTZER, MD FORMER BD MEM (TEC,EMCF)	(i)	259,512.	123,252.	32,814.	8,900.	14,063.	438,541.
	(ii)	508,577.	0.	258.	25,650.	6,285.	540,770.
9 BROOKE MOORE CFO (TEC)	(i)	312,580.	61,448.	608.	11,489.	24,617.	410,742.
	(ii)	0.	0.	0.	0.	0.	0.
10 DOUGLAS C MORRIS, MD FORMER BD MEM (ESJ,EHC,TEC)	(i)	103,142.	0.	191,460.	7,736.	7,503.	309,841.
	(ii)	12,238.	0.	25.	1,360.	2,927.	16,550.
11 GRAYSON NORQUIST FORMER BD MEM(EMCF)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	290,643.	13,113.	0.	25,650.	10,853.	340,259.
12 ADEDAPO ODETOYINBO, MD FORMER BD MEM (ESJ)	(i)	21,503.	2,408.	12,214.	2,061.	655.	38,841.
	(ii)	0.	0.	0.	0.	0.	0.
13 SHARON PAPPAS BD MEMBER (WVC)	(i)	446,350.	236,832.	61,766.	79,332.	22,974.	847,254.
	(ii)	0.	0.	0.	0.	0.	60,000.
14 DANE PETERSON BD MEMBER (ESJ,DRHS)	(i)	961,196.	565,938.	69,415.	156,150.	40,584.	1,793,283.
	(ii)	1,000.	0.	0.	0.	0.	1,000.
15 TAMMIE QUEST, MD BD MEMBER (TEC)	(i)	331,149.	77,558.	7,842.	19,783.	18,611.	454,943.
	(ii)	47,538.	0.	138.	12,525.	7,574.	67,775.
16 MICHAEL QUINONES FORMER BD MEM (DMC,DRHS,DHR)	(i)	342,775.	0.	549.	4,729.	13,371.	361,424.
	(ii)	0.	0.	0.	0.	0.	0.

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<b>1</b> SURESH RAMALINGHAM, MD FORMER BD MEM (EHC)	(i)	118,510.	4,831.	21,027.	11,101.	157,083.	0.
	(ii)	378,763.	0.	138.	25,650.	436,263.	0.
MARK RAPAPORT, MD	(i)	262,744.	83,507.	22,957.	10,193.	395,188.	0.
	(ii)	392,261.	25,000.	762.	24,357.	448,652.	0.
WILLIAM REISMAN, MD	(i)	0.	0.	0.	0.	0.	0.
	(ii)	578,790.	170,800.	0.	25,650.	797,764.	0.
SHEILIA SANDERS	(i)	439,597.	99,422.	1,649.	13,792.	577,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JEN SCHUCK	(i)	236,218.	37,708.	404.	8,510.	293,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.
STEPHEN D SENCER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	633,502.	0.	37,950.	235,650.	942,692.	0.
SARAH SHOCKLEY	(i)	303,728.	71,651.	799.	8,888.	399,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.
GUIDO SILVESTRI	(i)	107,779.	90,995.	0.	14,385.	213,159.	0.
	(ii)	430,052.	0.	258.	17,100.	450,783.	0.
MELINDA SIMON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	218,882.	0.	0.	19,467.	266,978.	0.
CHARLES STALEY, MD	(i)	539,915.	5,491.	18,321.	25,650.	607,609.	0.
	(ii)	56,840.	0.	396.	5,815.	72,474.	0.
SCOTT STEINBERG	(i)	711,001.	7,300.	1,447.	16,152.	751,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID STEPHENS, MD	(i)	210,983.	119,637.	23,217.	13,940.	368,401.	0.
	(ii)	541,316.	0.	2,052.	25,650.	569,161.	0.
CLAIRE STERK	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,626,134.	0.	1,014,841.	257,175.	2,952,978.	1,284,250.
VIKAS SUKHATME, MD	(i)	250,311.	295,901.	6,810.	33,159.	600,244.	0.
	(ii)	577,425.	0.	26,762.	0.	610,255.	0.
JOHN F SWEENEY, MD	(i)	741,167.	141,566.	23,765.	25,650.	950,758.	0.
	(ii)	141,627.	0.	258.	13,455.	165,494.	0.
ROBERT A SWERLICK, MD	(i)	190,405.	37,889.	14,992.	17,136.	261,317.	0.
	(ii)	188,878.	0.	762.	17,570.	227,347.	0.

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	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CORIE NOBLE TEWARI, MD <small>BD MEMBER (DF)</small>	253,809.	11,324.	1,552.	8,188.	26,001.	300,874.	0.
2 TINA-ANN THOMPSON <small>BD MEMBER (DF)</small>	335,003.	9,446.	967.	3,134.	2,196.	350,746.	0.
3 SHAWN TRITT, MD <small>BD MEMBER (ESJ)</small>	438,159.	52,624.	1,615.	13,293.	37,761.	543,452.	0.
4 JOHN VAZQUEZ, MD <small>FORMER BD MEM (TEC)</small>	337,573.	37,417.	12,792.	17,630.	25,628.	431,040.	0.
5 MICHAEL WALDMAN <small>BD MEMBER (DRHS)</small>	471,395.	4,000.	1,570.	12,736.	37,761.	527,462.	0.
6 ROBERT WILSON <small>BD MEMBER (DMC, DRHS, DHR)</small>	121,391.	29,843.	1,388.	4,799.	37,115.	194,536.	0.
7 DAVID W WRIGHT, MD <small>BD MEMBER (TEC, EMCF)</small>	247,183.	96,459.	21,922.	18,399.	1,614.	385,577.	0.
8 WENDY WRIGHT, MD <small>FORMER BD MEM (EHC)</small>	431,149.	33,823.	13,366.	25,650.	4,472.	508,460.	0.
9 FAIZ U AHMAD, MD <small>PHYSICIAN</small>	1,152,541.	797,126.	27,774.	25,650.	26,220.	2,029,311.	0.
10 PAUL J CHAI, MD <small>PHYSICIAN</small>	434,682.	7,896.	0.	11,730.	216.	454,524.	0.
11 WALTER J CURRAN, MD <small>PHYSICIAN</small>	1,821,138.	182,500.	2,139.	25,650.	15,503.	2,046,930.	0.
12 SHERVIN OSKOEI, MD <small>PHYSICIAN</small>	0.	0.	0.	0.	0.	0.	0.
13 DAN REFAI, MD <small>PHYSICIAN</small>	224,557.	201,432.	32,457.	8,900.	20,574.	487,920.	0.
14	1,035,986.	0.	1,523.	25,650.	5,795.	1,068,954.	0.
15	804,803.	862,571.	12,774.	25,650.	25,034.	1,730,832.	0.
16	1,282.	0.	18.	420.	198.	1,918.	0.
	800,777.	801,850.	12,504.	25,650.	30,529.	1,671,310.	0.
	0.	0.	18.	420.	198.	636.	0.



**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.

FORM 990, SCHEDULE J, PART I, LINE 1A

FIRST CLASS OR CHARTER TRAVEL FOR ALL OFFICERS, DIRECTORS AND EMPLOYEES:

FIRST CLASS TRAVEL IS NOT ALLOWED UNLESS IT IS THE ONLY SEAT AVAILABLE ON A REQUIRED FLIGHT OR IS A MEDICAL NECESSITY FOR THE EMPLOYEE.

FORM 990, SCHEDULE J, PART I, LINE 1A

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

EMORY PROVIDES CERTAIN EXECUTIVES WITH TAXABLE COMPENSATION TO REIMBURSE THE EXPENSE OF MEMBERSHIP DUES AND APPROPRIATE INITIATION FEES FOR A SOCIAL OR COUNTRY CLUB USED FOR EMORY BUSINESS ENTERTAINMENT PURPOSES.

CLUB DUES:

DON BRUNN \$10,520

FORM 990, SCHEDULE J, PART I, LINE 4B

NON-QUALIFIED RETIREMENT PLAN:

**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.

CERTAIN EMORY EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PLAN

INTENDED TO MAKE UP FOR LIMITS ON COMPENSATION IN THE QUALIFIED

RETIREMENT PLAN.

CHRISTOPHER AUGUSTINI \$78,930

JONATHAN S LEWIN, MD \$87,068

STEPHEN D SENCER \$37,350

FORM 990, SCHEDULE J, PART I, LINE 3

CEO/EXECUTIVE DIRECTOR COMPENSATION:

SEE SCHEDULE O DISCLOSURE ON DETERMINATION OF COMPENSATION.

FORM 990, SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

RETENTION BONUSES WERE PAID TO CERTAIN EXECUTIVES DURING THE YEAR

LILICIA BAILEY \$50,000

BRYCE GARTLAND, MD \$325,000

**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.

FORM 990, SCHEDULE J, PART II, COLUMN C AND COLUMN F

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

FOR PURPOSES OF RETENTION, EMORY MADE CONTRIBUTIONS TO 457 (F) DEFERRED COMPENSATION ACCOUNTS FOR THE FOLLOWING INDIVIDUALS, WHICH ARE NOT VESTED AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE:

CHRISTOPHER AUGUSTINI \$397,190

HEATHER DEXTER \$68,550

JAMES FORSTNER \$63,150

BRYCE GARTLAND, MD \$103,200

JONATHAN S LEWIN, MD \$424,091

SHARON PAPPAS \$65,550

DANE PETERSON \$136,200

STEPHEN D SENCER \$210,000

CLAIRE STERK \$231,525

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:

**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.

HEATHER DEXTER \$52,530

BRYCE GARTLAND, MD \$65,363

SHARON PAPPAS \$60,000

DANE PETERSON \$98,820

CLAIRE STERK \$1,284,250

FORM 990, PART VII AND SCHEDULE J, PART II COLUMN A

TITLES:

CATHERINE BONK, MD

BOARD MEMBER (EHC,DMC,DRHS,DHR)

TREASURER (DMC,DRHS,DHR)

JAMES FORSTNER

BOARD MEMBER (DF,DMC,DRHS,DHR)

CEO (DMC,DRHS,DHR)

JONATHAN S LEWIN, MD

EVP HEALTH AFFAIRS, EMORY UNIVERSITY

EXECUTIVE DIRECTOR WOODRUFF HEALTH SCIENCES CENTER

**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.

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)

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

**Open To Public Inspection**

Name of the organization  
EMORY GROUP RETURN

Employer identification number  
90-0790361

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the 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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . .							\$						

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

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EMILY BARROW	FAMILY MEM OF BD MEMBER	297,180.	EMPLOYEE		X
(2) JEANETTE GUARNER	FAMILY MEM OF BD MEMBER	334,668.	EMPLOYEE		X
(3) JAMES H HATCHER	FAMILY MEM OF OFFICER	108,514.	EMPLOYEE		X
(4) SHABNAM JAIN	FAMILY MEM OF BD MEMBER	266,755.	EMPLOYEE		X
(5) LINDA ORKIN LEWIN, MD	FAMILY MEM OF BD MEMBER	118,456.	EMPLOYEE		X
(6) NAEL MCCARTY	FAMILY MEM OF OFFICER	215,232.	EMPLOYEE		X
(7) ANN SENCER	FAMILY MEM OF BD MEMBER	130,482.	EMPLOYEE		X
(8) KIM STALEY	FAMILY MEM OF FORM BD MEM	116,466.	EMPLOYEE		X
(9) KATHLEEN STEPHENS	FAMILY MEM OF BD MEMBER	103,067.	EMPLOYEE		X
(10) ANNA WILSON STEINBERG, MD	FAMILY MEM OF FORM BD MEM	121,127.	EMPLOYEE		X

**Part V Supplemental Information**

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANN CHAHROUDI	FAMILY MEM OF BD MEMBER	212,264.	EMPLOYEE		X
(2) VIDULA SUKHATME	FAMILY MEM OF BD MEMBER	75,750.	INDEPENDENT CONTRACTOR		X
(3) PETER JOHN MALONEY	FAMILY MEM OF BD MEMBER	95,791.	EMPLOYEE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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



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

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

OMB No. 1545-0047

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

**2020**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

EMORY GROUP RETURN

90-0790361

GROUP RETURN - GENERAL INFORMATION AND MISSION

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

WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC. (WWC) (58-1529366)

1821 CLIFTON ROAD, NE

ATLANTA, GA 30322

EMORY MEDICAL CARE FOUNDATION, INC. (EMCF) (58-1537752)

1648 PIERCE DRIVE

ATLANTA, GA 30322

EMORY INNOVATIONS, INC. (EI) (45-5372942)

201 DOWMAN DRIVE

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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101 ADMINISTRATION 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)

5665 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)

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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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 MISSION AND/OR MOST SIGNIFICANT ACTIVITIES 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.

WVC'S MISSION IS TO RESTORE AND PROMOTE THE HEALTH OF THE ELDERLY COMMUNITY BY PROVIDING RESIDENTIAL SERVICES. ALSO, WVC SERVES AS A COMMUNITY RESOURCE TO ENCOURAGE HEALTHY AGING.

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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EMCF IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, INCLUDING, WITHOUT LIMITATION, THE PROMOTION AND ADVANCEMENT OF PATIENT CARE, PROFESSIONAL MEDICAL SERVICES, MEDICAL EDUCATION, AND MEDICAL RESEARCH FOR THE BENEFIT OF COMMUNITY RESIDENTS INCLUDING, BUT NOT LIMITED TO INDIGENT RESIDENTS OF FULTON AND DEKALB COUNTIES, GEORGIA.

EI IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES TO ENGAGE IN INNOVATIVE PROGRAMS AND ENTERPRISES TO SUPPORT EMORY UNIVERSITY'S GOALS.

ESJ IS A JOINT VENTURE BETWEEN EMORY HEALTHCARE, INC. AND SAINT JOSEPH'S HEALTH SYSTEM, INC. WHICH OWNS SJHA, JOHNS CREEK HOSPITAL, AND THE MEDICAL GROUP OF SAINT JOSEPH'S, LLC.

SJHA IS A COMMUNITY BASED HOSPITAL LOCATED IN SANDY SPRINGS, GEORGIA, WHICH IS LICENSED FOR 410 BEDS.

ECC PROVIDES SPECIALTY MEDICAL CARE FOR PEDIATRIC PATIENTS.

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.

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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DMC'S MISSION IS TO IMPROVE PATIENTS' LIVES THROUGH THE DELIVERY OF EXCELLENT HEALTH AND WELLNESS SERVICES.

DF'S MISSION IS TO LINK DMC TO THE COMMUNITY THROUGH COMMUNICATION, EDUCATION, SERVICE AND PHILANTHROPY.

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.

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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FORM 990, PART III, LINE 4

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 2021, TEC RENDERED \$54 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

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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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 EHCA 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 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

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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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 DRHS, DHR, AND DMC.

4D: OTHER PROGRAM SERVICES IN THIS TOTAL ARE FROM EHC, WWC, EI, ECC, EMCF, 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-BENEFITS2021/INDEX.HTML](http://whsc.emory.edu/publications/community-benefits2021/index.html)

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,



Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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SJHA, ECC, DRHS, DHR, DMC, AND DF) ARE INCLUDED IN THE AUDITED FINANCIALS OF EMORY UNIVERSITY. A COPY OF EMORY UNIVERSITY'S AUGUST 31, 2021 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

FORM 990, PART VI, SECTION A, LINES 7A AND 7B

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

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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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

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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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

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY. IN ADDITION, EI MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE PRIOR APPROVAL OF THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY: (1) ORGANIZE ANY SUBSIDIARY CORPORATION OR ENTER INTO ANY JOINT VENTURE OR PARTNERSHIP; (2) ADOPT A PLAN OF LIQUIDATION OR DISSOLUTION, OR FILE A VOLUNTARY PETITION IN BANKRUPTCY; (3) ENTER INTO ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; (4) ADOPT A PLAN OF REORGANIZATION, OR OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION; (5) INCUR INDEBTEDNESS OR LINE OF CREDIT, OR MAKE A PURCHASE, IN EXCESS OF \$1 MILLION; (6) ADOPT OR AMEND ANY LONG-RANGE PLAN; (7) ADOPT OR AMEND A BRANDING PLAN; (8) APPROVE EXECUTIVE SALARIES, WHICH SHALL BE APPROVED IN ADVANCE BY THE EMORY UNIVERSITY EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST COMMITTEE; (9) ENTER INTO ANY FINANCIAL INSTITUTION RELATIONSHIP; OR (10) MONETIZE INTELLECTUAL PROPERTY WITH AN EXPECTED VALUE IN EXCESS OF \$1 MILLION.

ESJ:

ESJ HAS TWO MEMBERS - SJHS/JOC HOLDINGS, INC. AND EHC/JOC HOLDINGS, LLC. EHC/JOC HOLDINGS, LLC HAS THE RIGHT TO DESIGNATE AND MAINTAIN AT ALL TIMES A NUMBER OF THE DIRECTORS WHO CONSTITUTE A MAJORITY OF THE BOARD OF DIRECTORS OF ESJ (THE "EHC DIRECTORS"). SJHS/JOC HOLDINGS, INC. SHALL HAVE THE RIGHT TO DESIGNATE AND MAINTAIN AT ALL TIMES A NUMBER OF THE DIRECTORS THAT IS ONE (1) LESS THAN THE NUMBER OF EHC DIRECTORS. ESJ MUST RECEIVE PRIOR WRITTEN APPROVAL BY EACH MEMBER BEFORE UNDERTAKING ANY

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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"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 ADMISSION OF ANY ADDITIONAL MEMBER TO ESJ, AND ANY CORRESPONDING CHANGES IN ANY MEMBER'S RESPECTIVE PERCENTAGE INTERESTS AS SET FORTH IN THE MEMBERSHIP AGREEMENT; (G) ANY CHANGE IN THE NAME, LOGO OR SERVICE MARK OF ANY FACILITY CONTRIBUTED TO ESJ BY SAINT JOSEPH'S HEALTH SYSTEM, INC., EHC OR ANY OF THEIR RESPECTIVE AFFILIATES

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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(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)

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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.

DHR:

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

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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.



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MANAGEMENT PROVIDED THE FINAL VERSION OF THE FORM 990 TO ALL MEMBERS OF EACH BOARD OF DIRECTORS PRIOR TO FILING.

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.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

DETERMINATION OF COMPENSATION:

EHC, TEC, WWC, ESJ, SJHA, ECC:

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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EMORY UNIVERSITY HAS A COMMITTEE ON EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST (THE "COMMITTEE") COMPOSED OF NON-EMPLOYEE MEMBERS OF THE EMORY UNIVERSITY BOARD OF TRUSTEES. EACH YEAR, THE COMMITTEE REVIEWS MARKET DATA COMPILED BY INDEPENDENT CONSULTING FIRMS FROM COMPARABLE RESEARCH INSTITUTIONS FOR EACH POSITION IDENTIFIED AS A "DISQUALIFIED PERSON" FOR PURPOSES OF INTERMEDIATE SANCTIONS UNDER IRS REGULATIONS. THE COMMITTEE DISCUSSES THE PROPOSED COMPENSATION FOR EACH SUCH INDIVIDUAL IN THE CONTEXT OF THE MARKET DATA AND THE INDIVIDUAL'S PERFORMANCE AND CONTRIBUTION TO EHC, TEC, WWC, ESJ, SJHA, ECC AND IT MAKES A DECISION REGARDING THE APPROPRIATENESS OF COMPENSATION AND ANY COMPENSATION INCREASE. THE DISCUSSIONS ARE DOCUMENTED IN THE COMMITTEE'S MINUTES BY A REPRESENTATIVE OF THE OFFICE OF THE GENERAL COUNSEL. OTHER SENIOR LEADERSHIP (CLINICAL DEPARTMENT CHAIRS, SERVICE CHIEFS AND SENIOR LEADERS) ARE ELIGIBLE TO PARTICIPATE IN FOUR INCENTIVE COMPENSATION PLANS THAT ARE BASED ON THE ORGANIZATION'S SATISFACTION OF TARGETS FOR FINANCIAL PERFORMANCE AND DEFINED INDIVIDUAL PERFORMANCE METRICS MEASURABLE GOALS. THESE PLANS (THE SENIOR EXECUTIVE INCENTIVE PLAN; THE CLINICAL DEPARTMENT CHAIRS PLAN; THE SENIOR MANAGEMENT INCENTIVE PLAN; AND THE CLINIC LEADERSHIP PLAN) ARE GOVERNED BY THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS AND THE CEO FOR EHC, AND REPORTED TO AND APPROVED BY THE COMMITTEE. THERE IS NO OVERLAP AMONG THESE FOUR PLANS.

EMCF, EI:

EMCF AND EI STAFF MEMBERS ARE EMPLOYEES OF EMORY UNIVERSITY. EMORY UNIVERSITY COMPENSATION POLICIES AND PRACTICES APPLY TO EMCF AND EI.

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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.

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS CONSISTS OF:

CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING \$56,693,703

CHANGES IN RESTRICTED AND UNRESTRICTED FUNDS \$ 4,552,119

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EMORY HEALTHCARE, INC.		423,210,310.	223,071,465.
WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC.		25,924,351.	20,531,794.

Name of the organization EMORY GROUP RETURN	Employer identification number 90-0790361
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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EMORY INNOVATIONS, INC.		3,336,313.	1,600,000.
EMORY CHILDREN'S CENTER, INC.		0.	0.
EMORY MEDICAL CARE FOUNDATION, INC.		328,145,734.	329,928,661.
DEKALB MEDICAL CENTER FOUNDATION, INC.		883,619.	0.
TOTALS		<u>781,500,327.</u>	<u>575,131,920.</u>

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DPR CONSTRUCTION 3301 WINDY RIDGE PARKWAY ATLANTA, GA 30329	CONSTRUCTION	33,624,597.
AMN HEALTHCARE 8840 CYPRESS WATERS BLVD; SUITE 300 COPPELL, TX 75019	HEALTHCARE PROF SVC	25,581,002.
EDC OPERATING, LLC PO BOX 7710 TIFTON, GA 31793	HEALTHCARE PROF SVC	17,552,888.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, MI 53593	HEALTHCARE PROF SVC	13,286,785.
STRUCTOR GROUP 3200 COBB GALLERIA PKWY; SUITE 250 ATLANTA, GA 30339	CONSTRUCTION	8,757,183.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY GROUP RETURN

Employer identification number

90-0790361

OMB No. 1545-0047 2020

Open to Public Inspection

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows include EMORY SPECIALTY ASSOCIATES, LLC, EMORY DOWMAN DR, etc.

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.

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows include EMORY UNIVERSITY, EMORY MEDICAL LABORATORIES, INC., etc.

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

Schedule R (Form 990) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY GROUP RETURN

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

Employer identification number

90-0790361

Open to Public Inspection

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Contains 6 rows of data for various LLCs and hospitals.

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.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity. Contains 7 rows, with the last row partially filled.

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

Schedule R (Form 990) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY GROUP RETURN

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

Employer identification number

90-0790361

Open to Public Inspection

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Contains 10 rows of data for various LLCs and hospitals.

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.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Contains 7 rows of data.

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

Schedule R (Form 990) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY GROUP RETURN

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

Employer identification number

90-0790361

Open to Public Inspection

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Contains 6 rows of data for various LLCs.

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.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Contains 7 rows of data.

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

Schedule R (Form 990) 2020



SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Contains 8 rows of data for various LLCs.

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.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Contains 7 rows of data.

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

Schedule R (Form 990) 2020

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

EMORY GROUP RETURN

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

90-0790361

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

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: EHC VENTURES, LLC, 201 DOWMAN DR; 101 ADMIN BLDG ATLANTA, GA 30322, MEDICAL CARE, GA, 179672521.1, 88,271,568. PART VII #2.

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.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2020

**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) ES REHAB, LLC 46-3808276 201DOWMAN DR ATLANTA, GA 30322 MEDICAL REHAB GA		GA	EMORYHEALTHCARE RELATED		4,600,754.	12,867,530.		X	0.	X		51.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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 84-0825711	CAPTIVE INSUR	CJ	EMORYHEALTHCARE	C CORP	48,411,703.	311,487,875.	100.0000	X	
(2) DRHS VENTURES, INC. 2701 NORTH DECATUR ROAD DECATUR, GA 30030 20-1864828	JOINT VENTURE	GA	EMORYHEALTHCARE	C CORP	0.	232,880.	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows include categories 1a-1s and 2.

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
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(14)													
(15)													
(16)													

**Part VII Supplemental Information**

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

## SCHEDULE R, PART I

## IDENTIFICATION OF DISREGARDED ENTITIES:

## COLUMN A - NAME:

- #1 EMORY JOHNS CREEK OBSTETRICS & GYNECOLOGY, LLC
- #2 DEKALB MEDICAL OCCUPATIONAL MEDICINE GROUP, 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
- #9 DEKALB MEDICAL CENTER, INC
- #10 EMORY CLINICALLY INTEGRATED NETWORK, 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

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

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

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EMORY REHABILITATION, LLC - HOLDING COMPANY

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

# Information Return of U.S. Persons With Respect to Certain Foreign Corporations

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 09/01/2020, and ending 08/31/2021

Name of person filing this return EMORY GROUP RETURN	<b>A Identifying number</b> 90-0790361
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 1440 CLIFTON RD NE WHSCAB, STE 316	<b>B Category of filer</b> (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>
City or town, state, and ZIP code ATLANTA GA 30322	<b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.0000 %

Filer's tax year beginning 09/01/2020, and ending 08/31/2021

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)

**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
ATTACHMENT 1					

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation CLIFTON CASUALTY INSURANCE COMPANY LTD PO BOX 1159, 878 WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ	<b>b(1)</b> Employer identification number, if any 84-0825711 <b>b(2)</b> Reference ID number (see instructions)  <b>c</b> Country under whose laws incorporated CAYMAN ISLANDS
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<b>d</b> Date of incorporation	<b>e</b> Principal place of business	<b>f</b> Principal business activity code number	<b>g</b> Principal business activity	<b>h</b> Functional currency code
12/05/1994	CJ	523900	SELF-INSURANCE	USD

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(i) Taxable income or (loss)</td> <td style="width:50%; text-align: center;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				

<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different STRATEGIC RISK SOLUTIONS (CAYMAN) LTD PO BOX 1159, 878 WEST BAY RD KY1-1102 GRAND CAYMAN CAYMAN ISLANDS CJ
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**Schedule A Stock of the Foreign Corporation**

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	1,200.	1,200.

For Paperwork Reduction Act Notice, see instructions.





**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b>	Gross receipts or sales . . . . .	<b>1a</b>	72,174,354.
	<b>b</b>	Returns and allowances . . . . .	<b>1b</b>	10,393,988.
	<b>c</b>	Subtract line 1b from line 1a . . . . .	<b>1c</b>	61,780,366.
	<b>2</b>	Cost of goods sold . . . . .	<b>2</b>	33,745,356.
	<b>3</b>	Gross profit (subtract line 2 from line 1c) . . . . .	<b>3</b>	28,035,010.
	<b>4</b>	Dividends . . . . .	<b>4</b>	
	<b>5</b>	Interest . . . . .	<b>5</b>	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	
	<b>b</b>	Gross royalties and license fees . . . . .	<b>6b</b>	
	<b>7</b>	Net gain or (loss) on sale of capital assets . . . . .	<b>7</b>	20,887,491.
<b>8a</b>	Foreign currency transaction gain or loss - unrealized . . . . .	<b>8a</b>		
<b>b</b>	Foreign currency transaction gain or loss - realized . . . . .	<b>8b</b>		
<b>9</b>	Other income (attach statement) . . . . .	<b>9</b>		
<b>10</b>	Total income (add lines 3 through 9) . . . . .	<b>10</b>	48,922,501.	
<b>Deductions</b>	<b>11</b>	Compensation not deducted elsewhere . . . . .	<b>11</b>	
	<b>12a</b>	Rents . . . . .	<b>12a</b>	
	<b>b</b>	Royalties and license fees . . . . .	<b>12b</b>	
	<b>13</b>	Interest . . . . .	<b>13</b>	
	<b>14</b>	Depreciation not deducted elsewhere . . . . .	<b>14</b>	
	<b>15</b>	Depletion . . . . .	<b>15</b>	
	<b>16</b>	Taxes (exclude income tax expense (benefit)) . . . . .	<b>16</b>	
	<b>17</b>	Other deductions (attach statement - exclude income tax expense (benefit)). . . . . ATTACHMENT 4	<b>17</b>	510,798.
<b>18</b>	Total deductions (add lines 11 through 17) . . . . .	<b>18</b>	510,798.	
<b>Net Income</b>	<b>19</b>	Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . . . . .	<b>19</b>	48,411,703.
	<b>20</b>	Unusual or infrequently occurring items . . . . .	<b>20</b>	
	<b>21a</b>	Income tax expense (benefit) - current . . . . .	<b>21a</b>	
	<b>b</b>	Income tax expense (benefit) - deferred . . . . .	<b>21b</b>	
<b>22</b>	Current year net income or (loss) per books (combine lines 19 through 21b) . . . . .	<b>22</b>	48,411,703.	
<b>Other Comprehensive Income</b>	<b>23a</b>	Foreign currency translation adjustments . . . . .	<b>23a</b>	
	<b>b</b>	Other . . . . .	<b>23b</b>	
	<b>c</b>	Income tax expense (benefit) related to other comprehensive income . . . . .	<b>23c</b>	
	<b>24</b>	Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c). . . . .	<b>24</b>	

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

<b>Assets</b>		(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>1</b>	Cash	2,561,460.	9,467,374.
<b>2a</b>	Trade notes and accounts receivable		
<b>b</b>	Less allowance for bad debts	( )	( )
<b>3</b>	Derivatives		
<b>4</b>	Inventories		
<b>5</b>	Other current assets (attach statement) ATTACHMENT 5	61,951,478.	50,940,101.
<b>6</b>	Loans to shareholders and other related persons		
<b>7</b>	Investment in subsidiaries (attach statement)		
<b>8</b>	Other investments (attach statement) ATTACHMENT 6	188,384,800.	251,080,400.
<b>9a</b>	Buildings and other depreciable assets		
<b>b</b>	Less accumulated depreciation	( )	( )
<b>10a</b>	Depletable assets		
<b>b</b>	Less accumulated depletion	( )	( )
<b>11</b>	Land (net of any amortization)		
<b>12</b>	Intangible assets:		
<b>a</b>	Goodwill		
<b>b</b>	Organization costs		
<b>c</b>	Patents, trademarks, and other intangible assets		
<b>d</b>	Less accumulated amortization for lines 12a, 12b, and 12c	( )	( )
<b>13</b>	Other assets (attach statement)		
<b>14</b>	<b>Total assets</b>	<b>252,897,738.</b>	<b>311,487,875.</b>
<b>Liabilities and Shareholders' Equity</b>			
<b>15</b>	Accounts payable		
<b>16</b>	Other current liabilities (attach statement)		
<b>17</b>	Derivatives		
<b>18</b>	Loans from shareholders and other related persons		
<b>19</b>	Other liabilities (attach statement) ATTACHMENT 7	209,915,820.	220,094,254.
<b>20</b>	Capital stock:		
<b>a</b>	Preferred stock		
<b>b</b>	Common stock	120,000.	120,000.
<b>21</b>	Paid-in or capital surplus (attach reconciliation) ATTACHMENT 8	880,000.	880,000.
<b>22</b>	Retained earnings	41,981,918.	90,393,621.
<b>23</b>	Less cost of treasury stock	( )	( )
<b>24</b>	<b>Total liabilities and shareholders' equity</b>	<b>252,897,738.</b>	<b>311,487,875.</b>

**Schedule G Other Information**

	Yes	No
<b>1</b> During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4a</b> During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Enter the total amount of the base erosion payments ▶ \$ _____		
<b>c</b> Enter the total amount of the base erosion tax benefit ▶ \$ _____		
<b>5a</b> During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Enter the total amount of the disallowed deductions (see instructions) ▶ \$ _____		

Schedule G Other Information (continued)

Table with 2 columns: Question/Description and Yes/No. Rows include questions 6a through 22a regarding foreign-derived intangible income deduction, gross income from sales/leases/exchanges, cost-sharing arrangements, platform contributions, and extraordinary reductions.

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ► EMORY GROUP RETURN Identifying number ► 90-0790361

<b>1a</b>	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) . . . . .	<b>1a</b>	
<b>b</b>	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . . . .	<b>1b</b>	
<b>c</b>	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) . . . . .	<b>1c</b>	
<b>d</b>	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) . . . . .	<b>1d</b>	
<b>e</b>	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . . . . .	<b>1e</b>	
<b>f</b>	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) . . . . .	<b>1f</b>	
<b>g</b>	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . . . . .	<b>1g</b>	
<b>h</b>	Other subpart F income (enter result from Worksheet A) . . . . .	<b>1h</b>	
<b>2</b>	Earnings invested in U.S. property (enter the result from Worksheet B) . . . . .	<b>2</b>	
<b>3</b>	Reserved for future use . . . . .	<b>3</b>	
<b>4</b>	Factoring income . . . . . See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	<b>4</b>	
<b>5a</b>	Section 245A eligible dividends (see instructions) . . . . .	<b>5a</b>	
<b>b</b>	Extraordinary disposition amounts (see instructions) . . . . .	<b>5b</b>	
<b>c</b>	Extraordinary reduction amounts (see instructions) . . . . .	<b>5c</b>	
<b>d</b>	Section 245A(e) dividends (see instructions) . . . . .	<b>5d</b>	
<b>e</b>	Dividends not reported on line 5a, 5b, 5c, or 5d . . . . .	<b>5e</b>	
<b>6</b>	Exchange gain or (loss) on a distribution of previously taxed earnings and profits . . . . .	<b>6</b>	

	Yes	No
<b>7a</b> Was any income of the foreign corporation blocked? . . . . .		X
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))? . . . . .		X
If the answer to either question is "Yes," attach an explanation.		
<b>8a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)? . . . . .		X
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

90-0790361

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 EMORY GROUP RETURN	Identifying number 90-0790361
Name of foreign corporation CLIFTON CASUALTY INSURANCE COMPANY LTD	EIN (if any) 84-0825711
Separate Category (Enter code - see instructions.)	Reference ID number (see instructions)
b if code 90J is entered on line a, enter the country code for the sanctioned country (see instructions)	GEN

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	(f) Reclassified section 965(a) PTEP	(g) Reclassified section 965(b) PTEP
<b>1 a</b> Balance at beginning of year (as reported on prior year Schedule J)	118,612,301.						
<b>b</b> Beginning balance adjustments (attach statement)							
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b)	118,612,301.						
<b>2 a</b> Reduction for taxes unsuspended under anti-splitter rules							
<b>b</b> Disallowed deduction for taxes suspended under anti-splitter rules							
<b>3</b> Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	-510,798.						
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation							
<b>5 a</b> E&P carried over in nonrecognition transaction							
<b>b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction							
<b>6</b> Other adjustments (attach statement)							
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6)	118,101,503.						
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P							
<b>9</b> Actual distributions							
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P							
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)							
<b>12</b> Other adjustments (attach statement)							
<b>13</b> Hovering deficit offset of undistributed post-transaction E&P (see instructions)							
<b>14</b> Balance at beginning of next year (combine lines 7 through 13)	118,101,503.						

**For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**

Schedule J (Form 5471) (Rev. 12-2020)

**Part I Accumulated E&P of Controlled Foreign Corporation (continued)**

		(e) Previously Taxed E&P (see instructions)					(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
		(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	
1	a						
	b						
	c						
2	a						
	b						
	3						
	4						
5	a						
	b						
	6						
	7						
	8						
	9	-	-	-	-	-	
	10						
	11						
	12						
	13						
	14						
		(e) Previously Taxed E&P (see instructions)					(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
		(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP			
1	a						
	b						
	c						
2	a						
	b						
	3						
	4						
5	a						
	b						
	6						
	7						
	8						
	9	-	-	-	-	-	
	10						
	11						
	12						
	13						
	14						

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

	1	2	3	4
1 Balance at beginning of year . . . . .	▶			
2 Additions (amounts subject to future recapture). . . . .	▶			
3 Subtractions (amounts recaptured in current year) . . . . .	▶			
4 Balance at end of year (combine lines 1 through 3) . . . . .	▶			

Schedule J (Form 5471) (Rev. 12-2020)



**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

90-0790361

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 EMORY GROUP RETURN	Identifying number 90-0790361
Name of foreign corporation CLIFTON CASUALTY INSURANCE COMPANY LTD	EIN (if any) 84-0825711
Reference ID number (see instructions)	Reference ID number (see instructions)

a Separate Category (Enter code - see instructions.)  
 b if code 901J is entered on line a, enter the country code for the sanctioned country (see instructions) TOTAL  
 N/A

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	(f) Reclassified section 965(a) PTEP	(g) Reclassified section 965(b) PTEP
<b>1 a</b> Balance at beginning of year (as reported on prior year Schedule J)	118,612,301.						
<b>b</b> Beginning balance adjustments (attach statement)							
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b)	118,612,301.						
<b>2 a</b> Reduction for taxes unsuspended under anti-splitter rules							
<b>b</b> Disallowed deduction for taxes suspended under anti-splitter rules							
<b>3</b> Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	-510,798.						
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation							
<b>5 a</b> E&P carried over in nonrecognition transaction							
<b>b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction							
<b>6</b> Other adjustments (attach statement)							
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6)	118,101,503.						
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P							
<b>9</b> Actual distributions							
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P							
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)							
<b>12</b> Other adjustments (attach statement)							
<b>13</b> Hovering deficit offset of undistributed post-transaction E&P (see instructions)							
<b>14</b> Balance at beginning of next year (combine lines 7 through 13)	118,101,503.						

**For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**

Schedule J (Form 5471) (Rev. 12-2020)

**Part I Accumulated E&P of Controlled Foreign Corporation (continued)**

		(e) Previously Taxed E&P (see instructions)				(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
		(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	
1a						
b						
c						
2a						
b						
3						
4						
5a						
b						
6						
7						
8						
9		-	-	-	-	-
10						
11						
12						
13						
14						
		(e) Previously Taxed E&P (see instructions)				(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
		(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP		
1a						118,612,301.
b						
c						118,612,301.
2a						
b						
3						-510,798.
4						
5a						
b						
6						
7						118,101,503.
8						
9		-	-	-	-	-
10						
11						
12						
13						
14						118,101,503.

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

	1	2	3	4
1 Balance at beginning of year . . . . .	▶			
2 Additions (amounts subject to future recapture). . . . .	▶			
3 Subtractions (amounts recaptured in current year) . . . . .	▶			
4 Balance at end of year (combine lines 1 through 3). . . . .	▶			

Schedule J (Form 5471) (Rev. 12-2020)

**Transactions Between Controlled Foreign Corporation  
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471.  
 ▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>EMORY GROUP RETURN</b>		Identifying number <b>90-0790361</b>
Name of foreign corporation <b>CLIFTON CASUALTY INSURANCE COMPANY LTD</b>	EIN (if any) <b>84-0825711</b>	Reference ID number (see instructions)

**Important:** Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **US DOLLARS**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade . . . . .					
3 Sales of property rights (patents, trademarks, etc.), . . . . .					
4 Platform contribution transaction payments received . . . . .					
5 Cost sharing transaction payments received . . . . .					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received . . . . .					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) . . . .					
11 Interest received . . . . .					
12 Premiums received for insurance or reinsurance . . . . .					
13 Add lines 1 through 12 . . . . .					
14 Purchases of stock in trade (inventory)					
15 Purchases of tangible property other than stock in trade . . . .					
16 Purchases of property rights (patents, trademarks, etc.) . . . .					
17 Platform contribution transaction payments paid . . . . .					
18 Cost sharing transaction payments paid .					
19 Compensation paid for technical, managerial, engineering, construction, or like services . .					
20 Commissions paid . . . . .					
21 Rents, royalties, and license fees paid					
22 Hybrid dividends paid (see instructions)					
23 Dividends paid (exclude hybrid dividends paid) . . . . .					
24 Interest paid . . . . .					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25 . . . . .					
27 Accounts Payable . . . . .					
28 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . .					
29 Accounts Receivable . . . . .					
30 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . .					

ATTACHMENT 1

FORM 5471, PAGE 1 DETAIL  
FORM 5471 PAGE ONE DETAIL

SEC D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

(A) NAME	(B) ADDRESS	(C) IDENTIFYING NUMBER	(D) CHECK APPLICABLE BOXES		
			SHARE- HOLDER	OFFICER	DIRECTOR
EMORY HEALTHCARE INC	1440 CLIFTON RD NE WHSCAB ATLANTA, GA 30322	58-2137993	X		

ATTACHMENT 2

FORM 5471, PAGE 2 DETAIL

SCH B - U.S. SHAREHOLDERS OF FOREIGN CORPORATION

(A) NAME, ADDRESS AND ID NUMBER OF SHAREHOLDER	(B) DESCRIPTION OF EACH CLASS OF STOCK HELD BY SHAREHOLDER	NUMBER OF SHARES HELD AT		
		(C) BEGINNING OF ANNUAL ACCTG PERIOD	(D) END OF ANNUAL ACCTG PERIOD	(E) PRO RATA SHARE OF SUBPART F INC
EMORY HEALTHCARE, INC. 1440 CLIFTON ROAD NE WHSCAB 316 ATLANTA GA 30322 58-2137993	COMMON	1,200.	1,200.	1.000000

ATTACHMENT 3

(A) NAME, ADDRESS AND ID NUMBER OF SHAREHOLDER	(B) DESCRIPTION OF EACH CLASS OF STOCK HELD BY SHAREHOLDER	NUMBER OF SHARES HELD AT	
		(C) BEGINNING OF ANNUAL ACCTG PERIOD	(D) END OF ANNUAL ACCTG PERIOD
EMORY HEALTHCARE, INC. 1440 CLIFTON ROAD NE WHSCAB 316 ATLANTA, GA 30322	COMMON	1,200.	1,200.

FORM 5471, PAGE 3 DETAIL

SCH C, LINE 17 - OTHER DEDUCTIONS

ATTACHMENT 4

ADMINISTRATIVE FEES

510,798.

TOTAL

510,798.

FORM 5471, PAGE 4 DETAIL

<u>BEGINNING</u>	<u>ENDING</u>
<u>US CURRENCY</u>	<u>US CURRENCY</u>

ATTACHMENT 5

SCH F, LINE 5 - OTHER CURRENT ASSETS

OUTSTANDING LOSSES RECOVERABLE	50,195,791.	50,881,723.
PREPAID EXPENSES	27,947.	13,459.
REFUND DUE FROM REINSURER	11,727,574.	44,469.
INTEREST RECEIVABLE	166.	
PREMIUMS RECEIVABLE		450.
TOTALS	<u>61,951,478.</u>	<u>50,940,101.</u>

ATTACHMENT 6

SCH F, LINE 8 - OTHER INVESTMENTS

MARKETABLE SECURITIES AT MARKET	188,384,800.	251,080,400.
TOTALS	<u>188,384,800.</u>	<u>251,080,400.</u>

ATTACHMENT 7

SCH F, LINE 19 - OTHER LIABILITIES

OUTSTANDING LOSSES AND EXPENSES	202,562,861.	213,306,435.
ACCOUNTS PAYABLE & ACCRUED EXPENSES	7,352,959.	6,787,819.
TOTALS	<u>209,915,820.</u>	<u>220,094,254.</u>

ATTACHMENT 8

SCH F, LINE 21 - PAID-IN OR CAP SURPLUS

ADDITIONAL PAID IN CAPITAL	880,000.	880,000.
TOTALS	<u>880,000.</u>	<u>880,000.</u>



**Current Earnings and Profits**

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>EMORY GROUP RETURN</b>		Identifying number <b>90-0790361</b>
Name of foreign corporation <b>CLIFTON CASUALTY INSURANCE COMPANY LTD</b>	EIN (if any) <b>84-0825711</b>	Reference ID number (see instructions)

**IMPORTANT:** Enter the amounts on lines 1 through 5c in **functional** currency.

<b>1</b>	Current year net income or (loss) per foreign books of account.		<b>1</b>	<b>48,411,703.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
<b>a</b>	Capital gains or losses.	<b>2a</b>	<b>20,887,491.</b>	
<b>b</b>	Depreciation and amortization.	<b>2b</b>		
<b>c</b>	Depletion.	<b>2c</b>		
<b>d</b>	Investment or incentive allowance.	<b>2d</b>		
<b>e</b>	Charges to statutory reserves.	<b>2e</b>		
<b>f</b>	Inventory adjustments.	<b>2f</b>		
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (I), and Part III, line 3, column (i)).	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses.	<b>2h</b>		
<b>i</b>	Other (attach statement). ATTACHMENT 9.	<b>2i</b>	<b>33,745,356.</b>	<b>61,780,366.</b>
<b>3</b>	Total net additions.	<b>3</b>	<b>33,745,356.</b>	
<b>4</b>	Total net subtractions.	<b>4</b>	<b>82,667,857.</b>	
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4).			<b>-510,798.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).			
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown on those lines.			<b>-510,798.</b>
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	<b>5c(i)</b>	<b>-510,978.</b>	
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	<b>5c(ii)</b>		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	<b>5c(iii)(A)</b>		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	<b>5c(iii)(B)</b>		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	<b>5c(iii)(C)</b>		
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).			<b>5d</b>
<b>e</b>	Enter exchange rate used for line 5d ▶ _____			

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

FORM 5471, SCHEDULE H DETAIL

<u>SCH H, LINE 2H - OTHER RECONCILING ITEMS</u>	<u>NET ADDITIONS</u>	<u>NET SUBTRACTS</u>
UNDERWRITING INCOME		61,780,366.
UNDERWRITING EXPENSES	33,745,356.	
TOTALS	<u>33,745,356.</u>	<u>61,780,366.</u>

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2019)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0704

Name of person filing Form 5471 EMORY GROUP RETURN		Identifying number 90-0790361
Name of foreign corporation CLIFTON CASUALTY INSURANCE COMPANY LTD	EIN (if any) 84-0825711	Reference ID number (see instructions)
Separate Category (Enter code - see instructions.)		GEN

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income	<b>1</b>			
<b>2</b> Exclusions				
<b>a</b> Effectively connected income	<b>2a</b>			
<b>b</b> Subpart F income	<b>2b</b>			
<b>c</b> High-tax exception income per section 954(b)(4)	<b>2c</b>			
<b>d</b> Related party dividends	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income	<b>2e</b>			
<b>3</b> Total exclusions (total of lines 2a-2e)	<b>3</b>			
<b>4</b> Gross income less total exclusions (line 1 minus line 3)	<b>4</b>			
<b>5</b> Deductions properly allocable to amount on line 4	<b>5</b>			
<b>6</b> Tested income (loss) (line 4 minus line 5)	<b>6</b>			
<b>7</b> Tested foreign income taxes	<b>7</b>			
<b>8</b> Qualified business asset investment (QBAI)	<b>8</b>			
<b>9a</b> Interest expense included on line 5	<b>9a</b>			
<b>b</b> Qualified interest expense	<b>9b</b>			
<b>c</b> Tested loss QBAI amount	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	<b>9d</b>			
<b>10a</b> Interest income included in line 4	<b>10a</b>			
<b>b</b> Qualified interest income	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	<b>10c</b>			

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder  
of Certain Foreign Corporations**

OMB No. 1545-0123

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

EMORY GROUP RETURN

90-0790361

Name of U.S. shareholder

Identifying number

Name of foreign corporation

Reference ID number (see instructions)

CLIFTON CASUALTY INSURANCE COMPANY LTD

EIN (if any)  
84-0825711

▶ GEN

▶ N/A

**a** Separate Category (Enter code - see instructions.) . . . . .  
**b** If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) . . . . .

**Part I Previously Taxed E&P in Functional Currency (see instructions)**

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1 a</b> Balance at beginning of year (see instructions) . . . . .			
<b>b</b> Beginning balance adjustments (attach statement) . . . . .			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) . . . . .			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules . . . . .			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation . . . . .			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction . . . . .			
<b>5</b> Other adjustments (attach statement) . . . . .			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) . . . . .			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P . . . . .			
<b>8</b> Actual distributions of previously taxed E&P . . . . .			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P . . . . .			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) . . . . .			
<b>11</b> Other adjustments (attach statement) . . . . .			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) . . . . .			

**Part I** Previously Taxed E&P in Functional Currency (see instructions) (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**Part II Previously Taxed E&P in U.S. Dollars**

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1 a</b> Balance at beginning of year (see instructions) . . . . .			
<b>b</b> Beginning balance adjustments (attach statement) . . . . .			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) . . . . .			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules . . . . .			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation . . . . .			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction . . . . .			
<b>5</b> Other adjustments (attach statement) . . . . .			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) . . . . .			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P . . . . .			
<b>8</b> Actual distributions of previously taxed E&P . . . . .			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P . . . . .			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) . . . . .			
<b>11</b> Other adjustments (attach statement) . . . . .			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) . . . . .			

Schedule P (Form 5471) (Rev. 12-2020)

**Part II** Previously Taxed E&P in U.S. Dollars (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE E (Form 5471)

(Rev. December 2020) Department of the Treasury Internal Revenue Service

Income, War Profits, and Excess Profits Taxes Paid or Accrued

Attach to Form 5471. Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471: EMORY GROUP RETURN; Name of foreign corporation: CLIFTON CASUALTY INSURANCE COMPANY LTD; EIN (if any): 84-0825711; Identifying number: 90-0790361; Reference ID number: (see instructions)

Separate Category (Enter code - see instructions). If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

Table with 6 columns: (a) Name of Payor Entity, (b) EIN or Reference ID Number of Payor Entity, (c) Country or U.S. Possession to Which Tax Is Paid, (d) Foreign Tax Year of Payor Entity, (e) U.S. Tax Year of Payor Entity, (f) Income Subject to Tax in the Foreign Jurisdiction, (g) If taxes are paid on U.S. source income, check box, (h) Local Currency in Which Tax is Payable, (i) Tax Paid or Accrued in local currency, (j) Conversion Rate to U.S. Dollars, (k) In U.S. Dollars, (l) In Functional Currency of Foreign Corporation.

Section 2 - Taxes Deemed Paid (Section 960(b))

Table with 6 columns: (a) Name of Payor Entity, (b) EIN or Reference ID Number of Payor Entity, (c) Country or U.S. Possession to Which Tax Is Paid, (d) PTEP Group, (e) Annual PTEP Account, (f) PTEP Distributed, (g) Total Amount of PTEP in the PTEP Group, (h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group, (i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid.

For Paperwork Reduction Act Notice, see instructions. Also report amount on Schedule E-1, line 6. Also report amount on Schedule E-1, line 4.



**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment? Yes  No  If "Yes," state date of election ▶

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2) . . . . . ▶								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3), and related regulations (see instructions)). . . . . ▶								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT: Enter amounts in U.S. dollars unless otherwise noted (see instructions).**

	(a) Current E&P	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes
1a	-0-			
b				
c				
2				
3a				
b				
4				
5a				
b				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
	-0-			

Taxes related to:

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)**

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951 (a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5a										
b										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

**SCHEDULE Q  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 <b>EMORY GROUP RETURN</b>	Identifying number <b>90-0790361</b>
Name of foreign corporation <b>CLIFTON CASUALTY INSURANCE COMPANY LTD</b>	EIN (if any) <b>84-0825711</b>
Reference ID number (see instructions)	

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

**A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) . . . . . ▶ **GEN**

**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions). . . . . ▶

Complete a separate Schedule Q for U.S. source income and foreign source income.  U.S. source income or  Foreign source income

**C** Indicate whether this Schedule Q is being completed for:  U.S. source income or  Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.  
**D** If this Schedule Q is being completed for FOGEI or FORI income, check this box . . . . .

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) . . . . .							
(1) Unit name ▶							
(2) Unit name ▶							
<b>b</b> Net Gain From Certain Property Transactions (Total). . . . .							
(1) Unit name ▶							
(2) Unit name ▶							
<b>c</b> Net Gain From Commodities Transactions (Total) . . . . .							
(1) Unit name ▶							
(2) Unit name ▶							
<b>d</b> Net Foreign Currency Gain (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
<b>e</b> Income Equivalent to Interest (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
<b>f</b> Foreign Base Company Sales Income (Total). . . . .							
(1) Unit name ▶							
(2) Unit name ▶							

**Important:** See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

JSA  
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Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
<b>1</b>									
<b>a</b>									
(1)									
(2)									
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>g</b> Foreign Base Company Services							
Income (Total) . . . . .							
(1) Unit name ▲							
(2) Unit name ▲							
<b>h</b> Full Inclusion Foreign Base Company							
Income (Total) . . . . .							
(1) Unit name ▲							
(2) Unit name ▲							
<b>i</b> Insurance Income (Total) . . . . .							
(1) Unit name ▲							
(2) Unit name ▲							
<b>j</b> International Boycott Income . . . . .							
<b>k</b> Bribes, Kickbacks, and Other Payments . . . . .							
<b>l</b> Section 901(j) income . . . . .							
<b>2</b> Recaptured Subpart F Income . . . . .							
<b>3</b> Tested Income Group (Total) . . . . .							
(1) Unit name ▲							
(2) Unit name ▲							
<b>4</b> Residual Income Group (Total) . . . . .							
(1) Unit name ▲							
(2) Unit name ▲							
<b>5</b> Total . . . . .							

Important: See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
<b>1</b>									
<b>g</b>									
(1)									
(2)									
<b>h</b>									
(1)									
(2)									
<b>i</b>									
(1)									
(2)									
<b>j</b>									
<b>k</b>									
<b>l</b>									
<b>2</b>									
<b>3</b>									
(1)									
(2)									
<b>4</b>									
(1)									
(2)									
<b>5</b>									

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE R  
(Form 5471)**

(December 2020)

Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>EMORY GROUP RETURN</b>		Identifying number <b>90-0790361</b>
Name of foreign corporation <b>CLIFTON CASUALTY INSURANCE COMPANY LTD</b>	EIN (if any) <b>84-0825711</b>	Reference ID number (see instructions)

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NONE			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor EMORY HEALTHCARE, INC. Identifying number (see instructions)  
58-2137993

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . .  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? . . . . .  Yes  No
- b Did the transferor remain in existence after the transfer? . . . . .  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . .  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<u>EMORY UNIVERSITY</u>	<u>58-0566256</u>

- d Have basis adjustments under section 367(a)(4) been made? . . . . .  Yes  No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . .  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership? . . . . .  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . .  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation)  
CLIFTON CASUALTY INSURANCE COMPANY LTD **5a Identifying number, if any**  
84-0825711

6 Address (including country)  
PO BOX 1159, 878 WEST BAY ROAD **5b Reference ID number**  
GRAND CAYMAN CJ KY-1-1102 (see instructions)

7 Country code of country of incorporation or organization (see instructions)

8 Foreign law characterization (see instructions)  
EXEMPTED COMPANY

- 9 Is the transferee foreign corporation a controlled foreign corporation? . . . . .  Yes  No

For Paperwork Reduction Act Notice, see separate instructions.



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/31/2021		61,780,366.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 100 % (b) After 100 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

FORM 990, PAGE 1, LINE H(A) - LIST OF EACH SUBORDINATE ORGANIZATION INCLUDED IN THIS GROUP 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

WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC. (WWC) (58-1529366)  
1821 CLIFTON ROAD, NE  
ATLANTA, GA 30322

EMORY MEDICAL CARE FOUNDATION, INC. (EMCF) (58-1537752)  
1648 PIERCE DRIVE  
ATLANTA, GA 30322

EMORY INNOVATIONS, INC. (EI) (45-5372942)  
201 DOWMAN DRIVE  
101 ADMINISTRATION BUILDING  
ATLANTA, GA 30322

EMORY/SAINT JOSEPH'S, INC. (ESJ) (45-2721833)  
1440 CLIFTON ROAD, NE  
WHSCAB, SUITE 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

**EMORY HEALTHCARE, INC. (EIN: 58-2137993)**

**Attachment to Fiscal Year 2021 Form 926**

**1. Transferor.**

Emory Healthcare, Inc.  
EIN: 58-2137993  
1440 Clifton Rd NE WHSCAB 316  
Atlanta, GA 30322

**2. Transfer.**

i. Transferee

Clifton Casualty Insurance Company LTD  
EIN: 84-0825711  
PO Box 1159, 878 West Bay Road  
Grand Cayman, Cayman Islands CJ KY1-1102

ii. Transfer.

Emory Healthcare, Inc., a U.S. tax-exempt corporation (the "Transferor"), made direct, indirect and/or constructive transfers of cash during fiscal year 2021 in the amount of \$61,780,366 in U.S. dollars (the "Transfers") to Clifton Casualty Insurance Company LTD, its wholly-owned subsidiary formed in the Cayman Islands (the "Transferee"). The cost basis in the cash transferred equals the fair market value. The transfers represented capital contributions by the Transferor to the Transferee pursuant to Code Section 351.

**3. Consideration received.**

The Transferee did not issue additional shares to the Transferor in exchange for the capital contributions because the Transferor is the sole shareholder of the Transferee and the issuance of additional shares would have been meaningless gestures according to federal tax principles.

**4. Property transferred.**

i. Active business property.

The Transferor made direct, indirect and/or constructive transfers of cash in the amount of \$61,780,366 in U.S. dollars to the Transferee in connection with an alternative risk financing arrangement. The cost basis in the cash equals the fair market value.

ii. Stock or securities.

Not applicable

iii. Depreciated property.

Not applicable

iv. Property to be leased.

Not applicable

v. Property to be sold.

Not applicable

vi. Transfers to FSCs

Not applicable

vii. Tainted property.

A. Inventory, etc. Property described in § 1.367(a)-5T(b).

Not applicable

B. Installment obligations, etc. Property described in § 1.367(a)-5T(c).

Not applicable

C. Foreign currency, etc. Property described in § 1.367(a)-5T(d).

Not applicable

D. Intangible property. Property described in § 1.367(a)-5T(e).

Not applicable

E. Leased property. Property described in § 1.367(a)-4T(f).

Not applicable

viii. Foreign loss branch.

Not applicable

ix. Other intangibles

Not applicable

**5. Transfer of foreign branch with previously deducted losses.**

i. Branch operation.

Not applicable

ii. Branch property.

Not applicable

iii. Previously deducted losses.

Not applicable

iv. Character of gain.

Not applicable

**6. Application of section 367(a)(5).**

Not applicable

**STATEMENT PURSUANT TO REGULATION SECTION 1.351-3(A)**

This statement is pursuant to Treasury Regulation Section 1.351-3(a) by the following entity, a significant transferor, Emory Healthcare, Inc. (EIN: 58-2137993).

During fiscal year 2021, Emory Healthcare, Inc. (EIN: 58-2137993), a U.S. tax-exempt corporation, made direct, indirect and/or constructive transfers of cash in the amounts of \$61,780,366 to Clifton Casualty Insurance Company LTD (EIN: 84-0825711), its subsidiary formed in the Cayman Islands (the “Transferee”).

The cost basis in the cash equals the fair market value.

No private letter rulings were received in connection with the Section 351 exchanges.



EMORY UNIVERSITY  
**CONSOLIDATED FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**AUGUST 31, 2021 AND 2020**  
(WITH INDEPENDENT AUDITORS' REPORT THEREON)





KPMG LLP  
Suite 2000  
303 Peachtree Street, N.E.  
Atlanta, GA 30308-3210

## Independent Auditor's Report

The Board of Trustees  
Emory University:

We have audited the accompanying consolidated financial statements of Emory University and its subsidiaries, which comprise the consolidated statements of financial position as of August 31, 2021 and 2020, the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### *Management's Responsibility for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Emory University and its subsidiaries as of August 31, 2021 and 2020, and the changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

### *Supplementary Information*

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in schedules 1 through 3 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the



responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

KPMG LLP

Atlanta, Georgia  
December 20, 2021

**EMORY UNIVERSITY**  
**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**

AUGUST 31, 2021 AND 2020 (Dollars in thousands)

	<b>August 31, 2021</b>	<b>August 31, 2020</b>
<b>ASSETS:</b>		
Cash and cash equivalents	\$ 1,265,377	\$ 1,368,050
Patient accounts receivable, net	607,687	555,349
Student accounts receivable, net	18,616	81,136
Loans receivable, net	18,441	20,783
Contributions receivable, net	180,994	160,429
Other receivables, net	244,847	249,025
Prepaid expenses, deferred charges, and other assets	446,291	446,925
Investments	11,630,104	8,778,088
Interests in perpetual funds held by others	1,848,427	1,670,377
Operating lease right-of-use assets	182,372	212,499
Property and equipment, net	4,015,749	3,629,700
<b>Total assets</b>	<b>\$ 20,458,905</b>	<b>\$ 17,172,361</b>
<b>LIABILITIES AND NET ASSETS:</b>		
Accounts payable and accrued liabilities	\$ 1,001,352	\$ 799,140
CARES Act accrued liabilities	345,829	575,762
Deferred revenue	393,435	326,377
Interest payable	40,843	28,735
Liability for derivative instruments	211,164	270,976
Bonds and notes payable	2,526,137	2,562,915
Accrued liabilities for benefit obligations and professional liabilities	693,038	730,455
Operating lease liabilities	186,260	214,354
Finance lease liabilities	17,624	17,846
Funds held in trust for others	1,239,045	911,138
Annuities payable	15,843	14,677
Government advances for federal loan programs	16,719	19,494
Asset retirement obligations	85,833	82,615
<b>Total liabilities</b>	<b>6,773,122</b>	<b>6,554,484</b>
Net assets without donor restrictions, controlled by Emory	5,495,749	4,355,032
Net assets without donor restrictions related to noncontrolling interests	139,764	104,470
Total net assets without donor restrictions	5,635,513	4,459,502
Net assets with donor restrictions	8,050,270	6,158,375
<b>Total net assets</b>	<b>13,685,783</b>	<b>10,617,877</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 20,458,905</b>	<b>\$ 17,172,361</b>

See accompanying notes to consolidated financial statements.

# EMORY UNIVERSITY

## CONSOLIDATED STATEMENTS OF ACTIVITIES

YEAR ENDED AUGUST 31, 2021 (WITH SUMMARIZED COMPARATIVE INFORMATION FOR 2020) (Dollars in thousands)

	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total August 31, 2021	Total August 31, 2020
<b>OPERATING REVENUE</b>				
Tuition and fees, net of scholarship allowance	\$ 416,618	-	\$ 416,618	\$ 455,077
Sales and services of auxiliary enterprises, net of scholarship allowance	37,715	-	37,715	62,364
Endowment spending distribution	206,255	-	206,255	204,034
Distribution from perpetual funds	40,418	-	40,418	38,797
Other investment income designated for current operations	58,316	-	58,316	59,934
Gifts and contributions for current use	57,704	40,615	98,319	112,473
Grants and contracts	590,964	-	590,964	513,925
Indirect cost recoveries	171,885	-	171,885	153,399
Net patient service revenue	4,803,785	-	4,803,785	4,191,037
Medical services	325,027	-	325,027	254,180
Independent operations	12,519	-	12,519	13,001
Other revenue	613,913	-	613,913	379,438
Net assets released from restrictions	41,581	(18,153)	23,428	14,797
<b>Total operating revenue</b>	<b>7,376,700</b>	<b>22,462</b>	<b>7,399,162</b>	<b>6,452,456</b>
<b>OPERATING EXPENSES</b>				
Salaries	3,601,666	-	3,601,666	3,367,132
Fringe benefits	799,598	-	799,598	714,223
Student financial aid	28,678	-	28,678	27,302
Other operating expenses	2,347,090	-	2,347,090	2,100,859
Interest on indebtedness	74,959	-	74,959	72,764
Depreciation and amortization	315,406	-	315,406	303,345
<b>Total operating expenses</b>	<b>7,167,397</b>	<b>-</b>	<b>7,167,397</b>	<b>6,585,625</b>
<b>NET OPERATING ACTIVITIES</b>	<b>209,303</b>	<b>22,462</b>	<b>231,765</b>	<b>(133,169)</b>
<b>NONOPERATING ACTIVITIES, NET</b>				
Investment return in excess of spending distribution for current operations	853,975	1,424,990	2,278,965	637,866
Change in undistributed income from perpetual funds held by others	-	250,749	250,749	(37,422)
Gifts and contributions for capital and long-term investment	12,786	203,741	216,527	77,316
Other losses	(4,359)	-	(4,359)	(4,042)
Gain on defeasance of debt	-	-	-	4,386
Change in fair value of derivative instruments	59,812	-	59,812	(32,864)
Net periodic benefit cost other than service cost	(669)	-	(669)	(7,720)
Changes in pension and other postretirement obligations	65,336	-	65,336	17,715
Other nonoperating items, net	(18,546)	11,754	(6,792)	(3,416)
Net assets released from restrictions	(1,627)	(21,801)	(23,428)	(14,797)
<b>Total nonoperating activities, net</b>	<b>966,708</b>	<b>1,869,433</b>	<b>2,836,141</b>	<b>637,022</b>
<b>CHANGE IN NET ASSETS</b>	<b>1,176,011</b>	<b>1,891,895</b>	<b>3,067,906</b>	<b>503,853</b>
Less change in net assets related to noncontrolling interests	35,294	-	35,294	(2,910)
<b>CHANGE IN NET ASSETS CONTROLLED BY EMORY</b>	<b>\$ 1,140,717</b>	<b>1,891,895</b>	<b>\$ 3,032,612</b>	<b>\$ 506,763</b>

See accompanying notes to consolidated financial statements.

# EMORY UNIVERSITY

## CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED AUGUST 31, 2020 (Dollars in thousands)

	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total August 31, 2020
<b>OPERATING REVENUE</b>			
Tuition and fees, net of scholarship allowance	\$ 455,077	-	\$ 455,077
Sales and services of auxiliary enterprises, net of scholarship allowance	62,364	-	62,364
Endowment spending distribution	204,034	-	204,034
Distribution from perpetual funds	38,797	-	38,797
Other investment income designated for current operations	59,931	3	59,934
Gifts and contributions for current use	64,853	47,620	112,473
Grants and contracts	513,925	-	513,925
Indirect cost recoveries	153,399	-	153,399
Net patient service revenue	4,191,037	-	4,191,037
Medical services	254,180	-	254,180
Independent operations	13,001	-	13,001
Other revenue	379,438	-	379,438
Net assets released from restrictions	48,166	(33,369)	14,797
<b>Total operating revenue</b>	<b>6,438,202</b>	<b>14,254</b>	<b>6,452,456</b>
<b>OPERATING EXPENSES</b>			
Salaries	3,367,132	-	3,367,132
Fringe benefits	714,223	-	714,223
Student financial aid	27,302	-	27,302
Other operating expenses	2,100,859	-	2,100,859
Interest on indebtedness	72,764	-	72,764
Depreciation and amortization	303,345	-	303,345
<b>Total operating expenses</b>	<b>6,585,625</b>	<b>-</b>	<b>6,585,625</b>
<b>NET OPERATING ACTIVITIES</b>	<b>(147,423)</b>	<b>14,254</b>	<b>(133,169)</b>
<b>NONOPERATING ACTIVITIES, NET</b>			
Investment return in excess of spending distribution for current operations	305,197	332,669	637,866
Change in undistributed income from perpetual funds held by others	-	(37,422)	(37,422)
Gifts and contributions for capital and long-term investment	22,146	55,170	77,316
Other losses	(4,042)	-	(4,042)
Gain on defeasance of debt	4,386	-	4,386
Change in fair value of derivative instruments	(32,864)	-	(32,864)
Net periodic benefit cost other than service cost	(7,720)	-	(7,720)
Changes in pension and other postretirement obligations	17,715	-	17,715
Other nonoperating items, net	(2,176)	(1,240)	(3,416)
Net assets released from restrictions	5,000	(19,797)	(14,797)
<b>Total nonoperating activities, net</b>	<b>307,642</b>	<b>329,380</b>	<b>637,022</b>
<b>CHANGE IN NET ASSETS</b>	<b>160,219</b>	<b>343,634</b>	<b>503,853</b>
Less change in net assets related to noncontrolling interests	(2,910)	-	(2,910)
<b>CHANGE IN NET ASSETS CONTROLLED BY EMORY</b>	<b>\$ 163,129</b>	<b>343,634</b>	<b>\$ 506,763</b>

See accompanying notes to consolidated financial statements.

**EMORY UNIVERSITY**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**

YEARS ENDED AUGUST 31, 2021 AND 2020 (Dollars in thousands)

	August 31, 2021	August 31, 2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 3,067,906	\$ 503,853
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Contributions and pledge payments restricted for long-term investment and capital projects	(185,734)	(74,923)
Contributions of donated securities	(29,418)	-
Proceeds from sale of donated securities	24,664	-
Net realized and unrealized gains on investments	(2,901,679)	(970,091)
Loss on disposal of property and equipment	4,406	4,095
(Gain) loss on interests in perpetual funds held by others	(250,749)	37,422
Gain on defeasance of debt	-	(4,386)
Depreciation and amortization	311,480	298,987
Amortization of bond premiums and issuance costs	(19,953)	(5,591)
Amortization of right-of-use assets	41,749	46,033
Change in pension and other postretirement	(64,667)	(9,995)
Change in fair value of derivative instruments	(59,812)	32,864
Change in operating assets:		
Accounts and other receivables, net	14,360	(167,428)
Contributions receivable for operations	(39,232)	9,181
Prepaid expenses, deferred charges, and other assets	(53,957)	(69,413)
Change in operating liabilities:		
Accounts payable, accrued liabilities, and interest payable	186,854	68,343
CARES Act accrued liabilities	(229,933)	575,762
Asset retirement obligations	3,218	3,519
Accrued liabilities for benefit obligations and professional liabilities	27,250	88,326
Lease liabilities, net	(36,467)	(38,707)
Deferred revenue	67,058	(14,069)
<b>Net cash (used in) provided by operating activities</b>	<b>(122,656)</b>	<b>313,782</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Disbursements for loans to students	(1,903)	(2,899)
Repayment of loans from students	4,245	4,076
Proceeds from sales and maturities of investments	3,142,187	7,327,933
Purchases of investments	(3,074,681)	(6,857,730)
Purchases of property, plant, and equipment	(676,349)	(417,158)
Increase in funds held in trust for others	327,907	84,475
<b>Net cash (used in) provided by investing activities</b>	<b>\$ (278,594)</b>	<b>\$ 138,697</b>

(Continued)

**EMORY UNIVERSITY**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**

YEARS ENDED AUGUST 31, 2021 AND 2020 (Dollars in thousands)

	<b>August 31, 2021</b>	<b>August 31, 2020</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Contributions and pledge payments restricted for long-term investment and capital projects	\$ 277,100	\$ 148,882
Proceeds from sale of donated securities restricted for long-term investment and capital projects	4,754	-
Proceeds from bonds payable	-	1,535,171
Principal repayments of bonds payable	(16,769)	(938,336)
Payments on finance lease obligations	(1,591)	(4,087)
Change in annuities payable	1,166	(610)
Debt issuance costs	(56)	(4,003)
Change in government advances for federal loan programs	(2,775)	2,856
Borrowings on line of credit	-	275,000
Repayments on line of credit	-	(275,000)
<b>Net cash provided by financing activities</b>	<b>261,829</b>	<b>739,873</b>
Net change in cash, cash equivalents, and restricted cash	(139,421)	1,192,352
Cash, cash equivalents, and restricted cash at beginning of year	1,467,313	274,961
<b>Cash, cash equivalents, and restricted cash at end of year (Note 2a)</b>	<b>\$ 1,327,892</b>	<b>\$ 1,467,313</b>
<b>Supplemental disclosures:</b>		
Cash paid for interest	\$ 93,715	\$ 67,868
Accrued liabilities for property, plant, and equipment purchases	40,225	12,759

See accompanying notes to consolidated financial statements.

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

### (1) Organization

Emory University (the University or Emory) is a private, coeducational, not-for-profit institution, located in Atlanta, Georgia. Founded in 1836, Emory owns and operates educational, research, and healthcare facilities to support its mission. Emory provides educational services to approximately 8,200 undergraduate students and 7,700 graduate and professional students within its nine schools and colleges. Included within the University is the Emory Healthcare System (Emory Healthcare), Emory Medical Care Foundation, and Emory Innovations, LLC.

Emory Healthcare consists of Emory Healthcare, Inc. (EHC) and its controlled operating companies, including Emory University Hospital Midtown (EUHM), Emory University Hospital (EUH), Emory Saint Joseph's Hospital (ESJH), EHCA Johns Creek Hospital, LLC (EJCH), Emory Rehabilitation Hospital (ERH), DeKalb Medical Center, Inc. (DMC), Decatur Health Resources, Inc. (DHR), DeKalb Medical Center Foundation (DMCF), The Emory Clinic, Inc. (TEC), Emory Specialty Associates, LLC (ESA), Emory Specialty Associates – Joint Operating Company (ESA-JOC), Wesley Woods Center of Emory University, Inc. (WWC), and Clifton Casualty Insurance Company, Ltd. (CCIC). EUH, EUHM, EJCH, ESJH, ERH, DMC, and DHR are sometimes referred to herein, collectively, as “the Hospitals.”

The consolidated financial statements include the University and all other entities in which Emory has significant financial interest and control. All significant interentity accounts and transactions have been eliminated in consolidation.

### (2) Summary of Significant Accounting Policies

The following significant accounting policies are used in the preparation of the accompanying consolidated financial statements:

The consolidated financial statements have been prepared in conformity with U.S. generally accepted accounting principles (GAAP).

Net assets and revenue, gains, and losses are classified based on the existence or absence of externally imposed restrictions. Accordingly, net assets of the University are classified and reported as follows:

*Net assets without donor restrictions* – Net assets that are not subject to donor-imposed stipulations.

*Net assets with donor restrictions* – Net assets that are subject to donor-imposed stipulations that will or may be met either by actions of the University and/or the passage of time. These net assets include donor-restricted endowments, unconditional pledges, split-interest agreements, and interests in perpetual trusts held by others. Generally, the donors of these assets permit the University to use all, or part, of the income earned and net appreciation on related investments for general or specific purposes.

Revenue is reported as increases in net assets without donor restrictions unless its use is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless restricted by explicit donor stipulation or by law. Expirations of restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions and shown as reclassifications among the applicable classes of net assets.

The University considers the following items to be nonoperating activities: gifts and contributions for capital and long-term investment and the related net assets released from restrictions, investment return in excess of spending distribution for current operations, change in fair value of derivative instruments, pension- and postretirement-related changes and net periodic benefit cost other than service cost, and other activities, net.

#### (a) Cash, Cash Equivalents, and Restricted Cash

Cash and cash equivalents consist primarily of bank balances and short-term money market mutual funds and treasury bills with original maturities generally 90 days or less that are not invested as part of the long-term investments. These amounts are carried at cost, which approximates fair value. Cash and cash equivalents that are part of the long-term pool are shown within investments as those funds generally are not used for daily operating purposes. Restricted cash consists of cash on hand that is restricted for a specific purpose under various capital financing arrangements or cash held for others and, therefore, not available to Emory for immediate or general business use. Restricted cash appears separately from the cash and cash equivalents on the University's consolidated statements of financial position.



EMORY UNIVERSITY  
 NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

The following table is a reconciliation of cash, cash equivalents, and restricted cash reported within the accompanying consolidated statements of financial position to the amounts shown in the accompanying consolidated statements of cash flows as of August 31 (in thousands):

	2021	2020
Cash and cash equivalents	\$ 1,265,377	\$ 1,368,050
Restricted cash included in investments	31,205	13,362
Restricted cash included in prepaid expenses, deferred charges, and other assets	31,310	85,901
<b>Total cash, cash equivalents, and restricted cash</b>	<b>\$ 1,327,892</b>	<b>\$ 1,467,313</b>

Fiscal year 2021 cash, cash equivalents, and restricted cash decreased primarily as a result of moving funds to long-term investments.

**(b) Contributions Receivable, Net**

Contributions to be received after one year, net of an allowance for uncollectible amounts, are discounted to their present value at credit-adjusted rates. Amortization of discounts is recorded as additional contribution revenue. An allowance for uncollectible contributions receivable is provided based on management’s judgment, considering such factors as prior collection history, type of contribution, relationship with donor, and other relevant factors.

**(c) Loans Receivable, Net**

Emory-funded loans to students are carried at estimated net realizable value. Loans receivable from students under certain government loan programs, carried at cost, can only be assigned to the federal government or its designees. In addition to federal direct loans (which are not reported in the consolidated financial statements), loans to qualified students are funded principally with government advances to Emory under the Perkins, Nursing, and Health Professions Student Loan Programs.

**(d) Other Receivables, Net**

Other receivables are recorded at net realizable value and include receivables under grants and contracts, medical services provided to other organizations, and losses recoverable from reinsurers.

**(e) Investments**

Investments are reported at fair value. Investments in securities and listed funds are valued using quoted prices in active markets if available; otherwise, if the market is inactive, fair value is

determined by the University in accordance with its valuation policy.

Investments in alternative investment fund structures are valued using the net asset value (NAV) per share of the investment (or its equivalent), as a practical expedient, if (a) the underlying investment manager’s calculation of NAV is fair value based and (b) the University does not currently have plans to sell the investment for an amount different from NAV. Valuations provided by the general partners and investment managers are evaluated by the Emory Investment Management Office and are believed to present reasonable estimates of fair value at August 31, 2021 and 2020.

Investments are exposed to several risks, which may include (but are not limited to) interest rate, liquidity, currency, market, and credit risks. The University attempts to manage these risks through diversification, ongoing due diligence of fund managers, and monitoring of economic conditions, though it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the University’s consolidated financial statements.

Investment transactions are accounted for on the trade-date basis. Dividend income is recognized on the ex-dividend date, and interest income is recognized on the accrual basis. Investment return, including realized and unrealized gains and losses, is recognized when earned and reported in the consolidated statements of activities net of external and direct internal investment expenses. Investment return, if restricted, is reported in the consolidated statements of activities as increases or decreases in net assets with donor restrictions until amounts have been appropriated and the donor-imposed or statutory time restrictions have been satisfied.

**(f) Fair Value Measurements**

Fair value measurements reflected in the consolidated financial statements represent the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction among market participants at the measurement date. GAAP provides a hierarchy that prioritizes the inputs to fair value measurements based on the extent to which inputs to valuation techniques are observable in the marketplace. The hierarchy assigns a higher priority to observable inputs that reflect verifiable information obtained from independent sources and a lower priority to unobservable inputs that would reflect the University’s assumptions about how market participants would value an asset or liability based on the best information available. Fair value

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

Assets and liabilities measured and reported at fair value are classified and disclosed within one of the following categories:

*Level 1* – Valuations for assets and liabilities traded in active exchange markets as of the reporting date; valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

*Level 2* – Valuations are determined through direct or indirect observations other than quoted market prices. The types of investments in Level 2 include certain positions in which the University is a unit of account holder within a fund or account that holds underlying assets that are traded in active exchange markets with readily available pricing.

*Level 3* – Valuations for assets and liabilities that are unobservable and derived from other valuation methodologies, including discounted cash flow models and similar techniques, and not based on market exchange, dealer, or broker-traded transactions; Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

### **(g) Split-Interest Agreements**

The University's split-interest agreements with donors consist primarily of gift annuity agreements and irrevocable charitable remainder trusts for which the University serves as trustee. Assets held in the trusts are included in investments. Contribution revenue is recognized when trusts (or annuity agreements) are established, after recording liabilities for the present value of the estimated future payments to be made to beneficiaries. The liabilities are adjusted annually for changes in the value of assets, accretion of the discount, and other changes in the estimates of future benefits.

### **(h) Interests in Perpetual Funds Held by Others**

The University is also the beneficiary of certain perpetual funds held and administered by others. The value of the funds' net assets (or Emory's share when there are other beneficiaries) is considered a reasonable estimate of the present value of the estimated future cash flows from these funds and is recognized in beneficial interest in perpetual funds and as contribution revenue at the date such funds are established. The largest fund of this type primarily holds shares of common stock of The Coca-Cola Company. The carrying value of Emory's interest in such perpetual funds is adjusted annually for changes in fair value.

### **(i) Property and Equipment, Net**

Land, buildings, and equipment are recorded at cost at the date of acquisition or fair value at the date of gift to the University. Depreciation expense is based on the straight-line method over the estimated useful lives of the assets. Useful lives are as follows: buildings – 10 to 60 years, land improvements and infrastructure – 5 to 40 years, movable equipment – 3 to 20 years, fixed equipment – 3 to 30 years, software and enterprise systems – 3 to 10 years, leasehold improvements – term of the lease, and library books – 10 years. Certain assets totaling \$119.2 million and \$114.9 million, such as art, museum assets, and rare books, are included in property and equipment, net as of August 31, 2021 and 2020, respectively, but are not depreciated.

Property and equipment are reviewed for recoverability whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognized only if the carrying amount of a long-lived asset is not recoverable and exceeds its fair value. The carrying amount of a long-lived asset is not recoverable if it exceeds the sum of the undiscounted cash flows expected to result from the use and eventual disposition of the asset. There were no asset impairments for fiscal years 2021 or 2020.

### **(j) Net Tuition and Fees**

Tuition and fees revenue is derived from degree programs and continuing education programs. Most undergraduate students receive institutional financial aid based upon academic promise and demonstrated financial need. Graduate students often receive tuition support in connection with research assistant, teaching assistant, and fellowship appointments. Student financial aid provided by the University for tuition and fees is reflected as a reduction of tuition and fees revenue from published rates.

### **(k) Health Insurance Plan**

The University is self-insured for employee and student health insurance costs, with losses insured in excess of a maximum amount on both a per claim and annual aggregate claim amount. The self-insurance liability is based on claims filed and an estimate of claims incurred but not yet reported. Self-insurance claims are reported as net of insurance premiums collected from employees and students.

### **(l) Gifts and Contributions Revenue**

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Unconditional promises to give, with payments due in future periods, are

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

recorded as increases in net assets with donor restrictions at the estimated present value of future cash flows, net of an allowance for uncollectible pledges. Contributions of assets other than cash are recorded at their estimated fair value at the date of the gift.

Donor-restricted contributions are reported as revenue with donor restrictions, which increases this net asset class. If the donor stipulation is met in the year of the gift, the contribution is reflected in net assets without donor restrictions. Restrictions on gifts to acquire long-lived assets are considered met in the period when the asset is placed in service. Conditional promises to give are not recognized until they become unconditional; that is, when the barriers on which they depend are met.

### **(m) Grants and Contracts Revenue and Indirect Cost Recoveries**

Funding from the federal government, corporations, or private foundations (sponsors) is recorded as grants and contracts revenue when it is for a specified activity with a defined budget, period of performance, and scope of work undertaken by the University. The agreement with the sponsor may take the form of a contract, grant, or cooperative agreement and is generally in direct support of the University's mission. Revenue is recognized when services are rendered, milestones are met, or qualifying expenses are incurred as specified in the terms and conditions of the agreements, not necessarily when payments are received. Unearned revenue results when cash is received from sponsors in advance of revenue being earned. Unearned revenue is recorded as a liability (deferred revenue) until it is earned. Amounts recorded in grants and contracts receivable are for services rendered or expenditures incurred in advance of the receipt of funds.

Indirect cost recoveries are based on negotiated rates with grantor agencies and represent recoveries of facilities and administrative costs incurred under grant and contract agreements.

### **(n) Patient Accounts Receivable and Concentrations**

Patient accounts receivable are reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

Emory Healthcare analyzes contractually due amounts and provides an allowance for implicit price concessions. Accounts receivable are written off after collection efforts have been undertaken in accordance with Emory's policies.

The mix of net receivables from patients and third-party payors for the years ended August 31 is as follows:

	2021	2020
Managed care and other third-party payors	58%	55%
Medicare	31	31
Medicaid	4	8
Patients	7	6
	<b>100%</b>	<b>100%</b>

### **(o) Sales and Services of Auxiliary Enterprises and Independent Operations**

An auxiliary enterprise is a nonacademic entity that exists predominantly to furnish goods and services to students, faculty, and staff. Auxiliary enterprises include residential halls, a bookstore, and parking operations. Fee charges are directly related to the costs of services provided.

Sales and services of auxiliary enterprises, net of scholarship allowance has been significantly impacted by COVID-19. In response to the pandemic and the national emergency declared in March 2020, the University closed its residential buildings for the remainder of the spring 2020 semester and issued refunds to its students for the unearned portion of housing and parking fees. Auxiliary enterprises experienced further decline in revenue, primarily due to residential building closures for fall of 2020, and the reduced number of students for the spring 2021 semester when the University's campuses opened.

Independent operations are activities that are solely owned and/or controlled by the University but are unrelated or independent of its mission. Independent operations include an externally managed conference center, hotel, and a fitness center. Fee charges are based on market rates for the services provided.

### **(p) Leases**

The University determines whether an arrangement is a lease (operating or finance) at inception by evaluating whether the contract conveys the right to use an identified asset and whether Emory obtains substantially all of the economic benefits from and has the right to control the asset. Right-of-use (ROU) assets represent the University's right to use an underlying asset for the lease term and lease liabilities represent the University's obligation to make lease payments arising from the lease.

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

Operating and finance lease ROU assets and liabilities are recognized at the lease commencement date based on present value of the lease payments over the lease term discounted using the interest rate implicit in the lease agreement or Emory's relevant incremental borrowing rate. The University's current discount rates range from 0.3% to 4.5% depending on the term of the arrangement.

### **(q) Income Taxes**

The University is recognized as a tax-exempt organization as defined in Section 501(c)(3) of the U.S. Internal Revenue Code of 1986, as amended (the Code), and is generally exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The University is, however, subject to federal and state income tax on unrelated business income.

The Tax Cuts and Job Acts (the Act) imposes an excise tax on net investment income and excess compensation for certain organizations and established rules for calculating unrelated business income. Based on reasonable estimates under the current regulatory guidance on the Act, Emory has recognized current and deferred tax liabilities aggregating \$34.6 million as of August 31, 2021 and \$4.5 million as of August 31, 2020. The University also has a net operating loss carryforward related to unrelated business income aggregating \$133.7 million, for which a valuation allowance is recorded as of August 31, 2021.

The University regularly evaluates its tax positions and as of August 31, 2021 and 2020, there were no material uncertain tax positions.

### **(r) Derivative Instruments**

Certain investment strategies used by the University and its investment managers incorporate various derivative financial instruments in order to reduce volatility, manage market risk, and enhance investment returns. Such instruments are reflected at fair value and included in investments. Changes in the fair value of investment-related derivative instruments are included in investment return in excess of spending distribution for current operations on the consolidated statements of activities. The University also utilizes interest swap agreements to hedge interest rate market exposure of variable rate debt. The difference between amounts paid and received under such agreements is reported in interest expense. Changes in the fair value of these swap agreements are recognized as nonoperating activities in the consolidated statements of activities.

### **(s) Pension and Postretirement Benefit Plans**

The University recognizes the funded status of its defined-benefit pension and postretirement benefit plans as an asset or liability and recognizes changes in funded status during the year in which the changes occur as changes in net assets without donor restrictions.

### **(t) COVID-19 Pandemic**

In March 2020, the World Health Organization declared the novel coronavirus (COVID-19) a pandemic. The COVID-19 pandemic has resulted in financial loss, stress, and hardship for many.

In 2020 and 2021, the Coronavirus Aid, Relief and Economic Security Act (CARES), the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), and the American Rescue Plan (ARP), (collectively, the Acts) were enacted and signed into law to provide emergency grants to help individuals and businesses affected by the pandemic. Under the provisions of the CARES Act, Emory Healthcare received approximately \$219.1 million in provider relief funds (PRF) from the Department of Health and Human Services (HHS) for both general and targeted distributions. Such funding was accounted for as a conditional contribution and recorded as refundable advances in CARES Act accrued liabilities in the consolidated statement of financial position as of August 31, 2020. According to HHS guidance released during fiscal year 2021, Emory Healthcare determined that the underlying conditions of the grant had been met and recognized the \$219.1 million as other revenue in the accompanying consolidated statement of activities for the year ended August 31, 2021.

During fiscal year 2020, Emory Healthcare also received approximately \$285.2 million in advance payments, that must be repaid, through the Centers for Medicare & Medicaid Services (CMS) COVID-19 Accelerated and Advance Payments (CAAP) Program to provide necessary funds when there is a disruption in claims submissions and processing or in circumstances such as a national emergency or natural disasters in order to accelerate cash flow to impacted healthcare providers. Repayment of outstanding CAAP amounts began in April 2021 and will occur monthly over a 29-month period to end in August 2023. As of August 31, 2021, CMS had recouped approximately \$64.0 million of advanced payments received by Emory Healthcare. As such, approximately \$221.2 million and \$285.2 million, respectively, is reflected in CARES Act accrued liabilities in the accompanying 2021 and 2020 consolidated statements of financial position.

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

Through August 31, 2021, the Department of Education awarded \$39.5 million in Higher Education Emergency Relief Funds (HEERF) to the University under the Acts, of which \$33.9 million was approved for payment to Emory and \$21.5 million was received as of August 31, 2021. The University distributed \$9.8 million to students and allocated \$11.7 million to qualifying COVID-related expenses in fiscal year 2021. Emory recognized Grants and contracts revenue of \$11.6 million related to these expenditures, while \$9.9 million was included in CARES Act accrued liabilities in the accompanying 2021 consolidated statement of financial position.

The CARES Act allows employers to defer deposits and payments of the employer's share of Social Security taxes incurred between March 27, 2020 and December 31, 2020. As of August 31, 2021 and 2020, Emory has deferred payments of \$114.7 million and \$67.4 million, respectively, of employer taxes that are included in CARES Act accrued liabilities in the accompanying consolidated statements of financial position. Fifty percent of the deferred payments must be paid by December 31, 2021, with the remainder by December 31, 2022.

### **(u) New Accounting Pronouncements**

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement: Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement (Topic 820)*. ASU No. 2018-13 eliminates, modifies, and adds certain disclosures on fair value measurements. ASU No. 2018-13 is effective for fiscal periods beginning after December 15, 2019. The University has adopted the ASU for the year ended August 31, 2021. The impact of adopting the new guidance was not significant to the University's consolidated financial statements.

### **(v) Use of Estimates**

The preparation of the consolidated financial statements in conformity with GAAP requires that management make estimates and assumptions affecting the reported amounts of assets, liabilities, revenue, and expenses, as well as disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Significant items in the University's consolidated financial statements subject to such estimates and assumptions include valuations for certain investments without readily determinable fair values, the determination of the allowances for price concessions for medical services, reserves for employee and student healthcare and workers' compensation claims, accrued professional and general liability costs, estimated third-party settlements, and actuarially determined benefit liabilities.

### **(w) Conflict of Interest Policies**

University trustees, directors, principal officers, and key employees may periodically be directly or indirectly associated with companies doing business with the University. The University requires annual disclosure of significant financial interests in, or employment or board service with, entities doing business with the University. The annual disclosures cover these key officials and their immediate family members.

When such relationships exist, measures are taken to appropriately manage the actual or perceived conflict. The written conflict of interest policy for the University requires, among other things, that no member of a governing board may participate in any decision in which he or she (or an immediate family member) has a material financial interest.

### **(x) Investments in Joint Ventures**

Emory accounts for its investments in joint ventures over which it has significant influence but not a controlling interest, using the equity method. Investments in joint ventures are generally included in investments in the accompanying consolidated statements of financial position. Regarding investments in which Emory has guaranteed obligations of a joint venture or is otherwise committed to provide further financial support for the joint venture for additional losses in excess of Emory's contributed capital, estimated obligations to the related unconsolidated joint venture are included in accounts payable and accrued liabilities in the accompanying consolidated statements of financial position.

**EMORY UNIVERSITY**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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**(3) Contributions Receivable**

Contributions receivable as of August 31 consist of the following (in thousands):

	2021	2020
UNCONDITIONAL PROMISES EXPECTED TO BE COLLECTED IN:		
Less than one year	\$ 76,980	\$ 122,430
One year to five years	118,402	42,804
Over five years	1,229	4,787
Gross contributions receivable	196,611	170,021
Less:		
Allowance for uncollectible amounts	(10,243)	(4,861)
Discount to present value	(5,374)	(4,731)
<b>Contributions receivable, net</b>	<b>\$ 180,994</b>	<b>\$ 160,429</b>

At August 31, 2021 and 2020, the five largest outstanding donor pledge balances represented 71% and 74%, respectively, of Emory’s gross contribution receivables. Contribution receivables are discounted at rates ranging from 3.5% to 4.3%.

As of August 31, 2021, the University had received bequest intentions and conditional promises of approximately \$53.6 million. These intentions to give are not recognized as assets or revenue and, if received, will generally be restricted for purposes stipulated by the donor.

**(4) Revenue from Contracts with Students and Sponsors**

**(a) Contracts**

The University recognizes revenue, when its customers obtain control of promised goods or services, in an amount that reflects the consideration that the University expects to receive in exchange for those goods or services.

**(b) Contract Balances**

Accounts receivable are recorded only when the University’s right to consideration is unconditional (i.e., the contract is noncancelable – generally after the expiration of a student withdrawal period).

Deferred revenue relates to payments received in advance of performance under contracts with customers. Emory invoices customers (i.e., students) for education and residential services and customers transfer consideration before the University has transferred promised goods or services to its customers. At each reporting date, Emory records all prepayment amounts associated with educational services that have not yet been delivered as deferred revenue.

The University records accounts receivable and related contract liabilities for noncancelable contracts with customers when there is a right to consideration.

**(c) Significant Judgments**

Emory applies the portfolio approach to educational and residential services (room and board) and to patient services due to the large volume of similar contracts and similar customer classes.

Emory considers education and residential service as separate and distinct performance obligations. Since students receive instruction and housing concurrently during the academic term, they simultaneously receive and use all the benefits that Emory provides in the performance of the contracts. Therefore, the performance obligations associated with academic programs are satisfied over time and revenue recognized as the related services are performed.

Tuition and fees are recognized in the fiscal year in which the academic programs and residential services are provided. Revenue is reflected in the consolidated statements of activities for the portion that is completed by the end of the fiscal year. The remaining performance obligation that will be completed in the following fiscal year remains a liability on the consolidated statements of financial position.

Emory provides institutionally funded grants and scholarships to students, who either demonstrate financial need or qualify academically, as a form of price reduction up to and equal to amounts owed by students to the University. Institutional resources provided in excess of amounts owed by the students to Emory are recorded as scholarship expenses. Students receive Title IV financial aid, state funds, and employer reimbursements. Emory accounts for the payment as a third-party payment on behalf of an identified customer to an existing exchange transaction, and therefore, the grant or loan amount does not reduce the transaction price.

Auxiliary enterprises revenue includes revenue from residential services, parking operations, bookstore, conference services, and other miscellaneous activities. Within auxiliary enterprises, Emory considers parking service agreements to be distinct performance obligations that are billed to students in advance and payments due prior to the start of each academic term. Prepayments are reflected on the consolidated statements of financial position as deferred revenue and recognized as revenue ratably over the period during which the parking services are rendered. Sales of goods within auxiliary enterprises generally

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occur as a point of sale transaction, and the revenue is recognized as the sale occurs. Any discounts are factored into the selling price at the point of sale.

Emory considers revenue from clinical trial agreements to be exchange transactions where revenue is recognized as services are performed, billed, and the University has contractual right to consideration. Revenue related to clinical trial agreements included in grants and contracts revenue in the consolidated statements of activities for the years ended August 31, 2021 and 2020 totaled \$57.5 million and \$54.6 million, respectively.

The University recognizes revenue from nonrefundable, up-front fees allocated to a license at a point in time when the license is transferred to the licensee and the licensee is able to use and benefit from the license. For agreements that include sales-based royalties, including milestone payments based on the level of sales, and the license is deemed to be the predominant item to which the royalties relate, the University recognizes revenue when the related sales occur.

The University has contractual agreements with Grady Memorial Hospital where practicing interns and medical residents of the Emory School of Medicine receive clinical training and faculty provide teaching, medical care, and hospitalization services. The School of Medicine is reimbursed for expenses incurred for interns and medical residents based on the costs for labor and reimbursed for the faculty teaching, administrative, and clinical services based on the number of interns and residents trained and time spent performing clinical and administrative services. Medical services revenue is recognized as services are performed and the customer receives and uses the benefits of the services.

The University also has affiliation and administrative services agreements with Children's Healthcare of Atlanta and the Emory + Children's Pediatric Institute, where it provides various administrative services. Revenue is recorded as other revenue in the consolidated statements of activities as the University satisfies the performance obligation over time. The customer simultaneously receives and consumes the benefits as the University performs.

**(d) Disaggregation of Student Revenue**

The following table provides the components of tuition and fees and student-related auxiliary enterprises revenue for the year ended August 31, 2021 (in thousands):

	Tuition and Fees	Auxiliary Enterprises	Total
Undergraduate programs	\$ 407,437	17,730	425,167
Graduate and professional programs	327,774	340	328,114
<b>Total at published rates</b>	<b>735,211</b>	<b>18,070</b>	<b>753,281</b>
Less institutional aid for undergraduate programs	(158,755)	(3,984)	(162,739)
Less institutional aid for graduate and professional programs	(167,801)	(103)	(167,904)
<b>Tuition and fees and auxiliary enterprises, net of institutional aid</b>	<b>408,655</b>	<b>13,983</b>	<b>422,638</b>
Other academic programs	7,963	-	7,963
<b>Total tuition and fees and auxiliary enterprises</b>	<b>\$ 416,618</b>	<b>13,983</b>	<b>430,601</b>

The following table provides the components of tuition and fees and student-related auxiliary enterprises revenue for the year ended August 31, 2020 (in thousands):

	Tuition and Fees	Auxiliary Enterprises	Total
Undergraduate programs	\$ 439,894	38,450	478,344
Graduate and professional programs	317,229	910	318,139
<b>Total at published rates</b>	<b>757,123</b>	<b>39,360</b>	<b>796,483</b>
Less institutional aid for undergraduate programs	(162,077)	(5,755)	(167,832)
Less institutional aid for graduate and professional programs	(157,328)	(181)	(157,509)
<b>Tuition and fees and auxiliary enterprises, net of institutional aid</b>	<b>437,718</b>	<b>33,424</b>	<b>471,142</b>
Other academic programs	17,359	3,010	20,369
<b>Total tuition and fees and auxiliary enterprises</b>	<b>\$ 455,077</b>	<b>36,434</b>	<b>491,511</b>

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### (5) Grants and Contracts

The University receives grants and contracts revenue from federal, state, corporate, and private sources. If resource providers do not receive commensurate benefit (only indirect benefit because the research findings serve the general public) in exchange and the results are maintained and can be used by the University, such grants and contracts are considered contributions.

Most Emory nonexchange, sponsored research agreements are conditional contributions as the agreements include both a right of return or release of assets and a barrier that Emory must overcome to be entitled to the consideration. These agreements become unconditional as barriers are satisfied. The University recognizes revenue associated with these sponsored agreements as qualifying allowable expenses are incurred or a measurable performance-related barrier is achieved in accordance with the terms and conditions of the agreements. Conditional contributions are recognized as deferred revenue if assets are transferred in advance or not recognized at all until the conditions have been substantially met or explicitly waived by the sponsoring entity, at which point the contributions are recognized as unconditional. Conditional agreements with sponsor-imposed restrictions that expire simultaneously with the satisfaction of the specified conditions are reported as net assets without donor restrictions.

The following table presents Emory's sources of grants and contracts revenue (including indirect cost recoveries) for the years ended August 31 (in thousands):

	2021		2020	
	Grants	Contracts	Grants	Contracts
Federal government	\$ 582,992	2,454	\$ 500,823	1,021
Other government	1,658	151	1,770	207
Corporate	14,634	50,226	16,248	50,162
Private institutions	106,109	4,625	93,884	3,209
<b>Total</b>	<b>\$ 705,393</b>	<b>57,456</b>	<b>\$ 612,725</b>	<b>54,599</b>

As of August 31, 2021 and 2020, Emory had unexpended grant awards of \$834.5 million and \$739.2 million, respectively, for which revenue will be recognized when conditions have been met or performance obligations have been satisfied.

### (6) Net Patient Services Revenue and Receivables

Emory Healthcare has agreements with government and other third-party payors that provide for reimbursement to Emory Healthcare at amounts different from established rates.

Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Emory Healthcare believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in Emory Healthcare's hospitals receiving inpatient, outpatient, or emergency services. Emory Healthcare measures the performance obligation from admission, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to Emory Healthcare's patients and customers in a retail setting (e.g., pharmaceuticals), and Emory Healthcare does not believe it is required to provide additional goods or services related to that sale.

Emory Healthcare determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with Emory Healthcare policy, and implicit price concessions provided to patients. Emory Healthcare determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience.

Emory Healthcare provides care to patients regardless of their ability to pay. Emory Healthcare has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (e.g., co-pays and deductibles).

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts Emory Healthcare expects to collect based on its collection history with those patients considering business and economic conditions, trends in healthcare coverage, and other collection indicators. Periodically, management assesses the adequacy of the allowance for implicit price concessions based upon historical write-off experience by payor category and adjusts the allowance as appropriate.



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Patient service revenue, net of contractual adjustments, implicit price concessions, and other discounts recognized from major payor sources for the years ended August 31 is as follows (in thousands):

	2021	2020
Medicare	\$ 1,474,617	\$ 1,213,659
Medicaid	178,384	180,758
Managed care and other third-party payors	3,092,695	2,728,112
Patients	58,089	68,508
<b>Net patient service revenue</b>	<b>\$ 4,803,785</b>	<b>\$ 4,191,037</b>

The composition of net patient service revenue based on the Emory Healthcare lines of business for the years ended August 31 is as follows (in thousands):

	2021	2020
Services lines:		
Hospital – inpatient	\$ 2,141,460	\$ 1,876,358
Hospital – outpatient	1,585,008	1,407,373
Physician services	1,077,317	907,306
<b>Net patient service revenue</b>	<b>\$ 4,803,785</b>	<b>\$ 4,191,037</b>

Emory Healthcare provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than their established rates and such amounts are not included in net patient service revenue.

Data is maintained to identify and monitor the level of charity care provided, including the amount of charges foregone and actual costs for services furnished under its charity and indigent care policies.

The cost of charity care provided totaled \$124.6 million and \$130.3 million for the years ended August 31, 2021 and 2020, respectively. Emory Healthcare estimated these costs by applying a ratio of cost to gross charges to the gross uncompensated charges associated with providing care to the charity patients.

**(7) Other Revenue**

The major components of other sources of operating revenue for the years ended August 31 are as follows (in thousands):

	2021	2020
Retail pharmaceutical sales	\$ 198,358	\$ 140,598
CARES Act provider relief fund	219,139	–
Other	196,416	238,840
<b>Other revenue</b>	<b>\$ 613,913</b>	<b>\$ 379,438</b>

**(8) Liquidity and Availability**

Emory regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also maximizing the investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the University considers all expenditures related to its ongoing mission-related activities as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the University operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

As of August 31, 2021 and 2020, the following financial assets could readily be made available within one year of the statements of financial position date to meet cash needs for general expenditures (in thousands):

	2021	2020
<b>TOTAL ASSETS</b>	<b>\$ 20,458,905</b>	<b>\$ 17,172,361</b>
Less:		
Property and equipment, net	(4,015,749)	(3,629,700)
Interest in perpetual trusts held by others	(1,848,427)	(1,670,377)
Donor-restricted and board-designated endowment funds	(7,974,988)	(5,889,384)
Other investments	(3,589,504)	(2,884,965)
Prepaid expenses, deferred charges, and other assets	(446,291)	(446,925)
Operating lease right-of-use assets	(182,372)	(212,499)
Contributions receivable, net	(180,994)	(160,429)
Loans receivable, net	(18,441)	(20,783)
Add:		
Endowment payout in following year	215,002	203,790
Contributions receivable due within one year for operations	76,980	122,430
<b>Financial assets available to meet cash needs for general expenditures within one year</b>	<b>\$ 2,494,121</b>	<b>\$ 2,583,519</b>

The University has \$2,494.1 million of financial assets as of August 31, 2021 to meet cash needs for general expenditures, consisting of cash of \$1,265.4 million, accounts receivable of \$871.1 million, contributions receivable, less than one year of \$77.0 million, payout on with and without donor-restricted endowment funds of \$215.0 million, and other operating investments of \$65.6 million.

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**(9) Investments**

The following table summarizes investments as of August 31 (in thousands):

	2021	2020
Short-term investments and cash equivalents <sup>(a)</sup>	\$ 717,537	\$ 384,127
Public equity <sup>(b)</sup>	4,689,741	3,663,833
Absolute return/fixed income <sup>(c) (g)</sup>	1,693,687	1,852,781
Private equity/venture capital <sup>(d)</sup>	3,649,517	2,196,033
Real assets <sup>(e)</sup>	822,990	650,838
Derivative instruments <sup>(f)</sup>	42,034	2,890
<b>Total investments at fair value</b>	<b>11,615,506</b>	<b>8,750,502</b>
Joint ventures (equity method)	14,598	27,586
<b>Total investments</b>	<b>\$ 11,630,104</b>	<b>\$ 8,778,088</b>

a) Includes short-term U.S. and non-U.S. Treasury securities with maturities of less than one year, as well as funds that invest in these types of investments.

b) Includes domestic and international stocks, as well as interests in funds that invest in both long only and long/short equity-based strategies; certain investments in funds may be subject to restrictions that limit the University's ability to withdraw capital until (i) certain "lock-up period" has expired or (ii) until certain underlying investments designated as "illiquid" or "side pockets" are sold. In addition, fund investments in this category may be subject to restrictions limiting the amount the University is able to withdraw as of a given redemption date. Also includes \$115.0 million and \$0.0 million in investment subscriptions paid in advance as well as \$220.0 million and \$0.0 million in investment proceeds receivable as of August 31, 2021 and 2020, respectively.

c) Includes directly-held actively traded global fixed-income securities (such as government bonds and corporate bonds) or commingled funds holding such securities of \$851.4 million and \$889.3 million and investments in multistrategy or credit funds, as well as opportunistic absolute return funds intended to enhance diversification and reduce correlation to public equity of \$842.3 million and \$963.5 million as of August 31, 2021 and 2020, respectively; certain fund investments included in this category may hold marketable securities and be subject to redemption terms governed by the respective fund agreement or may contain illiquid investments and, therefore, offer no liquidity over the fund life. Such funds holding illiquid investments are expected to yield liquidating distributions over the next seven years.

d) Includes illiquid investments in private and public companies, both domestically and internationally; the majority of these

investments are held through funds and also include buyout, venture capital, private debt, high yield, and subordinated debt strategies. The nature of the investments in this category is such that distributions are received through liquidation of the underlying assets of the funds, which are expected to occur over the next 12 years.

e) Includes investments in oil and gas, commodities, timber, and real estate, the majority of which are held through commingled funds; the nature of the investments in this category is such that distributions are received through liquidation of the underlying assets of the funds, which are expected to occur over the next 11 years.

f) Includes investments in equity options, swaps, and forwards value at fair value of each underlying investments

g) Amounts presented net of \$0.0 million and \$7.2 million of net pending trade payables related to unsettled forward purchases and sales of such securities as of August 31, 2021 and 2020, respectively.

As of August 31, 2021, the related unfunded commitments of the University's alternative investments valued using the practical expedient and limitations and restrictions on the University's ability to redeem or sell are summarized as follows (in thousands):

	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Absolute return	\$ 593,597	30-360 days or not eligible	31-306 days
Private equity/venture capital	728,742	not eligible	not eligible
Public equity	118,000	30-360 days	10-180 days
Real assets	353,876	not eligible	not eligible
	<b>\$ 1,794,215</b>		

Unfunded commitments are generally expected to be called by funds within five years of fund inception.

**(10) Endowment Net Assets**

The University's endowed assets (the Endowment) consist of 2,250 individual funds established for a variety of purposes, including with donor restriction endowment funds and without donor restrictions funds designated by the Board of Trustees to function as endowments. The Endowment provides stable financial support to a wide variety of programs and activities in perpetuity, playing a critical role in enabling the University to achieve its mission. Net assets associated with these endowment

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funds are classified and reported based on the existence or absence of donor-imposed restrictions.

**(a) Interpretation of Relevant Law**

The University follows the State of Georgia’s Uniform Prudent Management of Institutional Funds Act (UPMIFA), which provides standards for managing investments of institutional funds and spending from endowments. The University classifies as donor-restricted historical value net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is classified as restricted appreciation until those amounts are appropriated for expenditures by the University in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the University considers several factors in making a determination to appropriate or accumulate donor-restricted endowment funds, including the duration and preservation of the fund, the purposes of the fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the University, and the investment policies of the University.

The endowment funds subject to UPMIFA are true endowments and do not include perpetual funds held by others, long-term investments, annuity funds, funds held in trust for others, and miscellaneous investments. As of August 31, 2021, 68.6% of the investments described in note 9 are classified as endowed net assets. Endowment funds are categorized in the following net asset classes as of August 31 (in thousands):

	2021			2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds						
Appreciation	\$ —	4,469,428	4,469,428	\$ —	3,050,330	3,050,330
Historical value	—	1,148,348	1,148,348	—	1,105,996	1,105,996
<b>Total donor restricted</b>	<b>—</b>	<b>5,617,776</b>	<b>5,617,776</b>	<b>—</b>	<b>4,156,326</b>	<b>4,156,326</b>
Funds functioning as endowments or board-designated	2,357,212	—	2,357,212	1,733,058	—	1,733,058
<b>Total endowment net assets</b>	<b>\$ 2,357,212</b>	<b>5,617,776</b>	<b>7,974,988</b>	<b>\$ 1,733,058</b>	<b>4,156,326</b>	<b>5,889,384</b>

The following table represents endowment net asset composition by purpose as of August 31 (in thousands):

	2021			2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Student financial aid	\$ 235,097	1,147,799	1,382,896	\$ 168,002	852,068	1,020,070
Academic, research, and program support	1,258,129	4,148,567	5,406,696	933,303	3,062,131	3,995,434
Capital projects, real estate, and infrastructure	863,986	321,410	1,185,396	631,753	242,127	873,880
<b>Total endowment net assets</b>	<b>\$ 2,357,212</b>	<b>5,617,776</b>	<b>7,974,988</b>	<b>\$ 1,733,058</b>	<b>4,156,326</b>	<b>5,889,384</b>

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Changes in endowment funds by net asset classification for the years ended August 31 are summarized as follows (in thousands):

		Without Donor Restrictions	With Donor Restrictions	Total
<b>Balance as of August 31, 2019</b>	<b>\$</b>	<b>1,602,867</b>	<b>3,796,655</b>	<b>5,399,522</b>
Investment return:				
Investment income		5,896	13,974	19,870
Net realized and unrealized gains on investments		196,339	488,317	684,656
Total investment return		202,235	502,291	704,526
Cash contributions		4,527	38,636	43,163
Additions of funds for endowments		–	4,792	4,792
Transfers of institutional funds for endowments without donor restrictions		3,719	–	3,719
Withdrawal of board-designated funds for strategic initiatives		(9,080)	–	(9,080)
Appropriations for expenditure		(64,604)	(168,834)	(233,438)
Appropriations for capital purposes		(6,606)	(17,214)	(23,820)
<b>Balance as of August 31, 2020</b>	<b>\$</b>	<b>1,733,058</b>	<b>4,156,326</b>	<b>5,889,384</b>
Investment return:				
Investment income		4,214	10,062	14,276
Net realized and unrealized gains on investments		660,156	1,597,142	2,257,298
Total investment return		664,370	1,607,204	2,271,574
Cash contributions		7,425	41,693	49,118
Additions of funds for endowments		–	535	535
Transfers of institutional funds for endowments without donor restrictions		32,608	–	32,608
Withdrawal of board-designated funds for strategic initiatives		(8,534)	–	(8,534)
Appropriations for expenditure		(65,091)	(170,612)	(235,703)
Appropriations for capital purposes		(6,624)	(17,370)	(23,994)
<b>Balance as of August 31, 2021</b>	<b>\$</b>	<b>2,357,212</b>	<b>5,617,776</b>	<b>7,974,988</b>

**(b) Funds with Deficiencies**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level of the donor’s original contribution. No significant deficiencies of this nature are reported in net assets with donor restrictions.

**(c) Return Objectives and Risk Parameters**

The University has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment and seek to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board of Trustees, the endowment assets are invested within risk tolerances of the University to provide an expected total return in excess of spending and inflation over the long term.

**(d) Strategies Employed for Achieving Objectives**

To satisfy its long-term return objectives, the University relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The University employs a diversified asset allocation strategy across public equity, absolute return/fixed income, private equity/venture capital, real assets, and derivative instruments to achieve its long-term return objectives within a prudent risk framework. The Endowment’s long-term target asset allocation is approved by the Investment Committee of the Board of Trustees. The portfolio is periodically rebalanced to the target weightings for each asset class.

**(e) Relationship between Investment Objectives and Spending Policy**

The University’s Board of Trustees has established a spending policy that determines how endowment distributions are made.

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The University employs a total return endowment spending policy that establishes the amount of endowment investment return available to support current operating and capital needs. The distribution of endowment investment return in 2021 and 2020 was based on 4.8% of the average fair value of the endowment over the previous 12 months ended on August 31. The University considers the expected return on its endowment,

including the effect of inflation in setting the annual appropriation amount. Accordingly, the University expects the current spending policy to allow its endowment to maintain its purchasing power if projected growth rates are achieved. Additional real growth will be provided through new gifts and any excess investment return. The payout rate is approved annually by the Board of Trustees as part of the budget process.

**(11) Fair Values of Assets and Liabilities**

The following table summarizes the valuation of the University's assets and liabilities according to the fair value hierarchy levels as of August 31, 2021 (in thousands):

	Investments Measured at NAV <sup>(2)</sup>	Fair Value Hierarchy			Total Fair Value
		Level 1	Level 2	Level 3	
<b>FINANCIAL ASSETS:</b>					
Short-term investments and cash equivalents	\$ —	160,664	556,873	—	717,537
Public equity	4,215,093	469,059	5,586	3	4,689,741
Absolute return/fixed income	842,309	192,496	658,882	—	1,693,687
Private equity/venture capital	3,639,503	—	—	10,014	3,649,517
Real assets	820,907	8	1,625	450	822,990
Derivative instruments	—	—	42,034	—	42,034
<b>Total investments at fair value</b>	<b>9,517,812</b>	<b>822,227</b>	<b>1,265,000</b>	<b>10,467</b>	<b>11,615,506</b>
Interests in perpetual funds held by others <sup>(1)</sup>	—	—	—	1,848,427	1,848,427
<b>Total assets at fair value</b>	<b>9,517,812</b>	<b>822,227</b>	<b>1,265,000</b>	<b>1,858,894</b>	<b>13,463,933</b>
<b>FINANCIAL LIABILITIES:</b>					
Derivative instruments – interest rate swaps	—	—	(211,164)	—	(211,164)
Funds held in trust for others <sup>(3)</sup>	(1,239,045)	—	—	—	(1,239,045)
<b>Total liabilities at fair value</b>	<b>\$ (1,239,045)</b>	<b>—</b>	<b>(211,164)</b>	<b>—</b>	<b>(1,450,209)</b>

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The following table summarizes the valuation of the University's assets and liabilities according to the fair value hierarchy levels as of August 31, 2020 (in thousands):

	Investments Measured at NAV <sup>(2)</sup>	Fair Value Hierarchy			Total Fair Value
		Level 1	Level 2	Level 3	
FINANCIAL ASSETS:					
Short-term investments and cash equivalents	\$ —	229,026	155,101	—	384,127
Public equity	3,398,975	259,516	5,340	3	3,663,834
Absolute return/fixed income	963,452	151,780	737,548	—	1,852,780
Private equity/venture capital	2,174,383	—	—	21,651	2,196,034
Real assets	648,682	31	1,674	450	650,837
Derivative instruments	—	—	2,890	—	2,890
<b>Total investments at fair value</b>	<b>7,185,492</b>	<b>640,353</b>	<b>902,553</b>	<b>22,104</b>	<b>8,750,502</b>
Interests in perpetual funds held by others <sup>(1)</sup>	—	—	—	1,670,377	1,670,377
<b>Total assets at fair value</b>	<b>7,185,492</b>	<b>640,353</b>	<b>902,553</b>	<b>1,692,481</b>	<b>10,420,879</b>
FINANCIAL LIABILITIES:					
Derivative instruments – interest rate swaps	—	—	(270,976)	—	(270,976)
Funds held in trust for others <sup>(3)</sup>	(911,138)	—	—	—	(911,138)
<b>Total liabilities at fair value</b>	<b>\$ (911,138)</b>	<b>—</b>	<b>(270,976)</b>	<b>—</b>	<b>(1,182,114)</b>

<sup>(1)</sup> Primarily invested in The Coca-Cola Company.

<sup>(2)</sup> Certain investments that are measured at fair value using the net asset value (NAV) per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

<sup>(3)</sup> Emory uses net asset value of units held as an estimate for fair value.

The following tables present a summary of the University's activity for investment categorized in Level 3 for the years ended August 31, 2021 and 2020 (in thousands):

	2021			2020		
	Purchases	Sales	Transfer out <sup>(1)</sup>	Purchases	Sales	Transfer out
Private equity/venture capital	\$ 9,411	(749)	(46,148)	\$ 59	(38)	—
Real assets	—	(47)	—	—	(472)	—
<b>Total Investment</b>	<b>9,411</b>	<b>(796)</b>	<b>(46,148)</b>	<b>59</b>	<b>(510)</b>	<b>—</b>
Interests in perpetual funds held by others	105,000	—	(177,699)	35,000	—	(84,777)
<b>Total assets</b>	<b>\$ 114,411</b>	<b>(796)</b>	<b>(223,847)</b>	<b>\$ 35,059</b>	<b>(510)</b>	<b>(84,777)</b>

<sup>(1)</sup> Private equity/venture capital transfer out is due to directly held shares of a private company exchanged for shares of a public company as a result of an IPO. Interests in perpetual funds held by others transfer out is due to funds released from operations.

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**(12) Derivative Instruments and Hedging Activities**

**(a) Investments**

Investment strategies employed by Emory and investment managers retained by Emory may incorporate futures, options, swaps, and other derivative instruments to adjust elements of investment exposures to various securities, markets, and

currencies without taking a position in the underlying assets. These instruments expose Emory to risk of an unexpected movement in the fair value of the underlying security, a counterparty failing to meet its obligations, and, in certain circumstances, not being able to unwind a position at current fair value due to market illiquidity. Emory has established procedures to monitor and manage these risks.

Emory's investment-related derivative exposures, categorized by primary underlying risk, as of and for the years ended August 31 are as follows (in thousands):

2021	Notional Amount <sup>(1)</sup>	Asset Fair Value	Liability Fair Value	Total Earnings <sup>(2)</sup>
Foreign exchange contracts	\$ 175,251	87,626	(87,625)	5,712
Equity contracts <sup>(3)</sup>	282,228	45,356	(3,323)	76,332
<b>Total<sup>(4)</sup></b>	<b>\$ 457,479</b>	<b>132,982</b>	<b>(90,948)</b>	<b>82,044</b>

  

2020	Notional Amount <sup>(1)</sup>	Asset Fair Value	Liability Fair Value	Total Earnings <sup>(2)</sup>
Interest-rate contracts	\$ –	–	–	2,974
Foreign exchange contracts	27	14	(14)	1,690
Equity contracts <sup>(3)</sup>	133,704	14,288	(11,398)	(19,418)
Credit contracts	–	–	–	(74)
<b>Total<sup>(4)</sup></b>	<b>\$ 133,731</b>	<b>14,302</b>	<b>(11,412)</b>	<b>(14,828)</b>

<sup>(1)</sup> The notional amount is representative of the absolute value of the open contracts as of August 31, 2021 and 2020, except as otherwise discussed below in (3).

<sup>(2)</sup> Gains on derivative instruments incurred during the fiscal year are included in the consolidated statements of activities in investment return in excess of spending distribution for current operations in nonoperating activities.

<sup>(3)</sup> The notional value for options is presented on a net delta-adjusted basis.

<sup>(4)</sup> Derivatives are held primarily with six counterparties. No cash collateral is pledged or held as of August 31, 2021 and 2020.

**(b) Debt**

Historically, as a component of the debt portfolio, the University entered into interest rate swap agreements that effectively convert a portion of variable rate debt to fixed rates and are used to manage interest rate risk. Since the inception of the interest rate swap agreements, the debt portfolio has changed to incorporate fixed rate debt not associated with derivatives. The University's exchange arrangements are exposed to credit loss in the event of nonperformance by the counterparty and to interest rate risk driven by any potential basis risk with variable rate debt. Certain of the University's derivative instruments contain provisions requiring long-term, unsecured debt to be maintained at specified credit ratings from Moody's Investors Service and Standard and Poor's Ratings Service. If the ratings of the University's debt were to fall below certain benchmarks, the counterparty could request immediate payment on derivative instruments in net

liability positions. At August 31, 2021, the University's long-term debt ratings exceeded these benchmarks.

At August 31, 2021, Emory had eight interest rate swap agreements expiring on various dates ranging from September 1, 2035 through December 1, 2042. These agreements require Emory to pay fixed interest rates to the counterparties varying from 3.2% to 3.6% in exchange for variable rate payments from the counterparties based on a percentage of the three-month LIBOR.

Net settlement transactions related to the agreements described above resulted in interest expense totaling \$10.9 million and \$12.3 million, interest expenses related to nonintegrated agreements are reflected as nonoperating loss of \$10.2 million and \$2.6 million during 2021 and 2020, respectively. The fair value of each exchange agreement is estimated based on pricing

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models that utilize significant observable inputs, such as relevant current interest rates, that reflect assumptions on the amount the University would receive or pay to terminate the agreement at the reporting date. As such, the University's exchange agreements are categorized as Level 2 in the fair value hierarchy.

The aggregate fair value of all derivative instruments with credit risk-related contingent features that are in a liability position was \$211.2 million and \$271.0 million, collateralized by \$31.3 million and \$85.9 million of cash on August 31, 2021 and 2020, respectively. Collateral postings are reported in prepaid expenses, deferred charges, and other assets in the accompanying consolidated statements of financial position.

The following table summarizes the debt-related derivative instruments as of and for the years ended August 31 (in thousands):

Interest Rate Swaps		2021			2020		
Inception	Maturity	Notional Amount <sup>(1)</sup>	Liability Fair Value	Unrealized Gain	Liability Fair Value	Unrealized Loss	
August 4, 2005	September 1, 2035	\$ 125,000	(34,362)	10,016	\$ (44,378)	(5,951)	
August 25, 2005	September 1, 2035	40,000	(11,557)	3,473	(15,030)	(2,066)	
December 1, 2007	September 1, 2035	75,000	(24,632)	6,595	(31,227)	(3,726)	
May 1, 2008	September 1, 2038	75,000	(29,366)	7,731	(37,097)	(3,587)	
December 1, 2008	December 1, 2042	100,000	(40,150)	11,957	(52,107)	(7,376)	
December 1, 2009	September 1, 2035	75,000	(24,957)	6,628	(31,585)	(3,097)	
June 23, 2015	September 1, 2035	125,000	(34,583)	9,939	(44,522)	(5,281)	
June 23, 2015	September 1, 2035	40,000	(11,557)	3,473	(15,030)	(1,780)	
<b>Total</b>		<b>\$ 655,000</b>	<b>(211,164)</b>	<b>59,812</b>	<b>\$ (270,976)</b>	<b>(32,864)</b>	

<sup>(1)</sup> The notional amount is the predetermined dollar amount on which the exchanged interest payments are based.



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Emory is exposed to financial loss in the event of nonperformance by a counterparty to any of the financial instruments described above. General market conditions could impact the credit standing of the counterparties and, therefore, potentially impact the value of the instruments. Emory management, with consultation from third-party financial advisers, controls this counterparty credit risk by considering the credit rating, business risk, and reputation of any counterparty before entering into a transaction, monitoring for any change in the credit standing of its counterparty during the life of the transaction, and requiring collateral be posted when predetermined thresholds are crossed. The swaps are exchanged with five counterparties.

**(13) Property and Equipment, Net**

Property and equipment, net as of August 31 is summarized as follows (in thousands):

	2021	2020
Land and improvements	\$ 242,799	\$ 241,771
Buildings and improvements	4,097,752	3,963,022
Equipment	2,968,148	2,824,581
Finance lease ROU assets (note 14)	22,190	20,820
Library and museum assets	507,039	483,366
Construction in progress	684,704	300,607
	8,522,632	7,834,167
Less: accumulated depreciation	(4,499,275)	(4,200,109)
Less: accumulated amortization of finance leases	(7,608)	(4,358)
<b>Total property, plant, and equipment, net</b>	<b>\$ 4,015,749</b>	<b>\$ 3,629,700</b>

The University has identified asset retirement obligations predominantly from commitments to remove asbestos and lead paint in the University's facilities at the time of major renovation or demolition. The liability was estimated using an inflation rate of 5.0% and discount rate of 4.7%. The liability for asset retirement obligations at August 31, 2021 and 2020 is \$85.8 million and \$82.6 million, respectively.

**(14) Leases**

The University has operating and finance leases for office buildings, research and development facilities, hospital and educational buildings, and certain equipment. Leases have remaining lease terms of 1 year to 25 years, some of which include purchase options or options to extend the leases.

Operating leases are included in operating lease right-of-use assets and operating lease liabilities, finance leases are included in property, plant, and equipment, net, and finance lease liabilities

in the consolidated statements of financial position. Operating lease right-of-use (ROU) assets include any lease payments made and include lease incentives. Renewal options are excluded from the calculation of lease liabilities unless it is reasonably assured that the renewal option will be exercised. Costs associated with operating lease ROU assets are recognized on a straight-line basis within operating expenses over the term of the lease.

Finance lease ROU assets are amortized within operating expenses on a straight-line basis over the shorter of the estimated useful lives of the assets or the lease term. The interest component of a finance lease is included in interest expense and recognized using the effective interest-method over the lease term. Variable lease costs, such as common area maintenance, property taxes, and insurance are expensed as incurred.

Emory has lease agreements with lease and nonlease components. The University elected a practical expedient, primarily for its copier leases, whereby nonlease components are not separated from the lease component. This results in all of the lease and nonlease components being combined, and accounted for, as a single lease component and included in the measurement of the ROU assets and lease liabilities.

The components of lease expense for the year ended August 31, are as follows (in thousands):

	2021	2020
Finance lease cost	\$ 4,569	\$ 7,881
Amortization of ROU assets	3,250	4,358
Interest on lease liabilities	1,319	3,523
Operating lease cost	38,689	41,977
Short-term lease cost	15,194	15,963
<b>Total lease expense</b>	<b>\$ 58,452</b>	<b>\$ 65,821</b>

Aggregate future payments under noncancelable operating and finance leases as of August 31, 2021 are as follows (in thousands):

	Operating Leases	Finance Leases
2022	\$ 39,908	1,679
2023	33,216	1,429
2024	29,554	1,119
2025	23,280	1,070
2026	17,088	1,044
Thereafter	62,596	20,060
Total lease payments	205,642	26,401
Less: amounts representing interest	(19,382)	(8,777)
<b>Total obligation</b>	<b>\$ 186,260</b>	<b>17,624</b>

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The University has entered into a lease for space to serve as an expanded point of entry for imaging and surgical cases for Emory Healthcare, referred to as the Musculoskeletal Outpatient Center (MSK Center) at its Executive Park property. The University obtained the right of use of the asset with the corresponding lease effective September 13, 2021 aggregating \$71.1 million.

Supplemental cash flow information related to leases for the year ended August 31 is as follows (in thousands):

	2021	2020
<b>Other information</b>		
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	\$ 38,499	\$ 41,811
Operating cash flows from finance leases	3,250	3,523
Financing cash flows from finance leases	1,591	4,087
Right-of-use assets obtained in exchange for new lease obligations		
Operating leases	16,054	15,253
Finance leases	1,369	311
Weighted-average remaining lease term -- finance lease	22 years	24 years
Weighted-average remaining lease term -- operating lease	8 years	8 years
Weighted-average discount rate -- finance lease	3.72%	3.82%
Weighted-average discount rate -- operating lease	2.06%	2.00%

**(15) Bonds and Notes Payable**

Bonds and notes payable, including unamortized premiums, discounts, and issuance costs, consisted of the following as of August 31 (dollars in thousands):

	Average Interest Rate	Final Maturity	Outstanding Principal	
			2021	2020
Tax-exempt, fixed-rate revenue bonds:				
2020 Series B	4.63%	September 1, 2041	\$ 486,470	\$ 486,470
2019 Series A	4.96	September 1, 2039	209,665	218,115
2019 Series B	5.00	September 1, 2048	39,725	39,725
2016 Series A	4.62	October 1, 2046	130,030	130,030
2016 Series B	4.20	October 1, 2043	195,750	201,280
2013 Series A	5.00	October 1, 2043	178,460	180,605
<b>Total tax-exempt, fixed-rate revenue bonds</b>			<b>1,240,100</b>	<b>1,256,225</b>
Tax-exempt, variable-rate revenue bonds:				
2013 Series B <sup>(1)</sup>	0.48	October 1, 2039	135,100	135,100
<b>Total tax-exempt, variable-rate revenue bonds</b>			<b>135,100</b>	<b>135,100</b>
Taxable, fixed-rate revenue bonds:				
2020 Series A	2.41	September 1, 2050	943,750	943,750
1994 Series C	8.00	October 1, 2024	2,945	3,545
1991 Series	8.85	April 1, 2022	41	85
<b>Total taxable, fixed-rate revenue bonds</b>			<b>946,736</b>	<b>947,380</b>
Commercial Paper:				
2008 Program 1 - Taxable	2.13	April 1, 2047	-	-
<b>Total Commercial Paper</b>			<b>-</b>	<b>-</b>
Unamortized bond premiums			212,772	233,401
Bond issuance costs			(8,571)	(9,191)
<b>Total bonds and notes payable</b>			<b>\$ 2,526,137</b>	<b>\$ 2,562,915</b>

<sup>(1)</sup> 2013 Series B bonds are floating rate notes and the interest rate is based on a spread to The Securities Industry and Financial Markets Association Index (SIFMA).

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The University incurred interest expense of \$75.0 million and \$72.2 million in 2021 and 2020, respectively, net of capitalized interest of \$2.8 million and \$1.5 million in 2021 and 2020, respectively. During 2021, the average interest rate on the University’s tax-exempt variable demand bonds was 0.48%. Related indices for this period were 0.06% for tax-exempt debt (SIFMA).

As of August 31, 2021, the aggregate annual maturities of bonds and notes payable for the next five years and thereafter are as follows (in thousands):

	<b>2021</b>
<b>PAYABLE IN FISCAL YEAR:</b>	
2022	\$ 11,536
2023	11,345
2024	11,450
2025	19,305
2026	300,690
Thereafter	1,967,610
	<b>2,321,936</b>
Unamortized net premium	212,772
Unamortized net bond issuance costs	(8,571)
	<b>\$ 2,526,137</b>

During 2020, the University refunded its 1994 Series B bonds, 1995 Series B bonds, 1999 Series B bonds, 2011 Series A bonds, and a portion of the 2005 Series B bonds and 2008 taxable Commercial Paper program totaling \$332.6 million with proceeds from the University’s issuance of 2020 Series A bonds. Additionally, the University funded \$600.0 million for general corporate purposes with proceeds from the University’s issuance of the 2020 Series A bonds. The University also refunded its 2005 Series C bonds, 2013 Series C bonds, 2010 tax-exempt Commercial Paper program, and a portion of the 2005 Series B bonds and 2008 taxable Commercial Paper program totaling \$603.2 million with proceeds from the 2020 Series B bonds. The

University recognized a net accounting gain of \$4.4 million in conjunction with issuance of the 2020 Series A and 2020 Series B bonds, which is included in nonoperating activities, net in the accompanying 2020 consolidated statement of activities.

During 2020, the outstanding 2010 tax-exempt commercial paper of \$164.4 million was refunded as part of the 2020 Series B bonds issuance and the program expired.

The 2008 taxable Commercial Paper program of \$350.0 million had an outstanding balance of \$0.0 million and \$0.0 million, as of August 31, 2021 and 2020, respectively, under this program.

The University has a standby credit facility to enable the University to purchase tendered variable rate debt in the event of a failed remarketing. Currently, it has one diversified facility totaling \$175.0 million that is committed for this sole purpose and cannot be used for operating needs of the University. There were no draws against this line of credit in 2021 or 2020.

Emory Healthcare entered into an affiliation agreement with one of its payors effective June 11, 2018, which was renewed in June 2020. This affiliation agreement includes, among other provisions, a \$100.0 million line of credit to Emory University, which can be utilized for any purpose that advances the charitable mission of Emory Healthcare. The affiliation agreement was renewed but the affiliated line of credit was terminated effective February 8, 2021. The University entered into a syndicated line of credit of \$750.0 million on April 16, 2021 that expires April 2026. There is also no outstanding balance as of August 31, 2021.

The University has a letter of credit with a commercial bank totaling \$1.1 million. There were no outstanding balances as of August 31, 2021 or 2020. The letter of credit agreement expires March 2022.

The terms of the University’s long-term debt provide for certain financial and nonfinancial covenants, including provisions as to the use of the proceeds, limits as to arbitrage and bond issuance costs, and various other administrative requirements.

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**(16) Net Assets**

The following is a summary of net assets as of August 31 (in thousands):

	2021			2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Emory undesignated funds	\$ 1,742,921	–	1,742,921	\$ 1,457,398	–	1,457,398
Endowment funds	2,357,212	5,617,776	7,974,988	1,733,058	4,156,326	5,889,384
Investment in plant	1,535,380	–	1,535,380	1,269,046	–	1,269,046
Interest in perpetual funds held by others	–	1,848,427	1,848,427	–	1,670,377	1,670,377
Contributions receivable, net	–	180,994	180,994	–	160,429	160,429
Annuity and other split-interest agreements	–	12,081	12,081	–	8,810	8,810
Capital projects and other donor purposes	–	390,992	390,992	–	162,433	162,433
	\$ 5,635,513	8,050,270	13,685,783	\$ 4,459,502	6,158,375	10,617,877

**(17) Retirement and Deferred Compensation Plans**

The University has a defined-contribution plan under the Code, Section 403(b), covering eligible employees. The University contributes an amount equal to 6% of each eligible employee's compensation to the plan as well as a supplemental contribution of 3% based on a 1.5 to 1 match of employee contributions of up to 2% of compensation. Employer contributions cliff vest after three years of service.

Emory Healthcare sponsors a retirement plan, covering most full-time employees, under which annuities are purchased with contributions made by Emory Healthcare. Benefits to eligible employees were based on a formula defined in the plan. Benefits are paid as a monthly annuity at age 65 or an eligible employee can elect a reduced benefit as early as age 55. The benefits are vested only to the extent of the annuities purchased. Benefits were frozen as of 12/31/2011. Emory Healthcare also has a defined-contribution plan under the Code, Section 403(b), covering eligible employees. Emory Healthcare contributes an amount equal to 2% of each eligible employee's compensation to the plan as well as a supplemental contribution of up to 5% based on a 1 to 1 match of employee contributions of up to 4% for eligible employees with less than 10 years of service and 5% if 10 or more years of service. Employer contributions cliff vest after three years of service.

TEC sponsors a defined-contribution plan under the Code, Section 403(b), The Emory Clinic, Inc. Retirement Savings Plan covering eligible employees. TEC contributes an amount equal to 6% of each eligible employee's compensation to the plan as well as a supplemental contribution of 3% based on a 1.5 to 1 match

of employee contributions of up to 2% of compensation. Employer contributions cliff vest after three years of service.

Retirement expense totaled \$150.5 million and \$154.9 million during 2021 and 2020, respectively, and is included in fringe benefits expense in the accompanying consolidated statements of activities.

The University sponsors the Code Section 457(b) Deferred Compensation Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees who are eligible for participation and elect to make salary deferrals under the Deferred Compensation Plan. These assets are fully vested and available to the participating employees at the time of termination of employment from the University. As of August 31, 2021 and 2020, respectively, the University held assets of \$215.7 million and \$170.5 million under the Retirement Plan. These assets are included in other assets, which are designated by the University to pay future salary deferral plan payments. The assets are held in separate investment funds for which the majority are classified as Level 1 in the fair value hierarchy. Associated liabilities for the obligations of \$215.7 million and \$170.5 million as of August 31, 2021 and 2020, respectively, are included in accrued liabilities for benefit obligations and professional liabilities and considered Level 2 in the fair value hierarchy.

**(18) Pension Plans – Emory Healthcare**

Emory Healthcare sponsors a defined-benefit pension plan (the Plan). The Plan was curtailed effective December 31, 2011. The terms of the curtailment generally provide that no further benefit accrual under the Plan is provided for service after the effective

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date nor will new entrants into the Plan be permitted after the effective date.

The Plan’s investment objectives are to protect long-term asset value by applying prudent, low-risk, high-quality investment disciplines and to enhance the values by maximizing investment returns through active security management within the framework of the Plan’s investment policy. Asset allocation strategies and investment management structure are designed to meet the Plan’s investment objectives.

The Plan’s expected long-term rate of return on assets is determined by reviewing the historical return of each asset category comprising the Plan’s target asset allocation.

The Joint Operating Company (JOC) assumed certain defined-benefit pension liabilities covering certain employees of the entities contributed to the JOC by Saint Joseph’s Health System SJHS (the SJHS Pension Plan). The plan was curtailed, effective

December 31, 2011, and the JOC has agreed to provide for funding of the plan, generally over 10 years, beginning in fiscal year 2015, subject to certain terms and conditions.

The SJHS Pension Plan’s expected long-term rate of return on assets is determined by reviewing the historical return of each asset category comprising the plan’s target asset allocation.

In connection with the acquisition of DRHS, Emory Healthcare assumed sponsorship of DRHS’ trustee noncontributory, defined-benefit pension plan on September 1, 2018. Prior to the acquisition, the DRHS Pension Plan had been permanently frozen effective December 31, 2008 as a result of DRHS’ Board of Directors approving such action.

Given the curtailment of the plans, the accumulated benefit obligations at August 31, 2021 and 2020 are the same as the projected benefit obligations.

The changes in the projected benefit obligations as of and for the years ended August 31 are as follows (in thousands):

	2021		2020		
	Emory Healthcare	SJHS	Emory Healthcare	SJHS	DRHS
Projected benefit obligation, beginning of year	\$ 430,110	180,725	\$ 341,188	176,513	64,408
Interest cost	9,724	4,803	11,106	5,335	628
Actuarial (gain) loss	2,454	(2,175)	23,551	5,338	(3,228)
Plan combinations	–	–	61,547	–	(61,547)
Benefits paid	(9,447)	(6,769)	(7,282)	(6,461)	(261)
<b>Projected benefit obligation, end of year</b>	<b>\$ 432,841</b>	<b>176,584</b>	<b>\$ 430,110</b>	<b>180,725</b>	<b>–</b>

On December 31, 2019, the DRHS pension plan was merged into the Emory Healthcare Plan. Liabilities and assets were re-measured as of the date of the merger. The result was a liability

transfer of \$61.5 million, an asset transfer of \$60.0 million, and a transfer of unrecognized net loss of \$6.0 million for the plan combination.

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The changes in the fair value of plan assets, funded status of the plans, and the status of amounts recognized in the accompanying consolidated statements of financial position as of and for the years ended August 31 are as follows (in thousands):

	2021			2020		
	Emory Healthcare	SJHS		Emory Healthcare	SJHS	DRHS
Fair Value of plan assets, beginning of year	\$ 319,729	144,088		\$ 228,046	127,001	62,160
Actual return on plan assets	51,255	18,727		36,490	17,134	(1,924)
Employer contributions	7,864	7,385		2,500	6,414	—
Plan combinations	—	—		59,975	—	(59,975)
Benefits paid	(9,447)	(6,769)		(7,282)	(6,461)	(261)
<b>Fair value of plan assets, end of year</b>	<b>\$ 369,401</b>	<b>163,431</b>		<b>\$ 319,729</b>	<b>144,088</b>	<b>—</b>
<b>Funded status - accrued pension cost recognized in the consolidated statements of financial position</b>	<b>\$ (63,440)</b>	<b>(13,153)</b>		<b>\$ (110,381)</b>	<b>(36,637)</b>	<b>—</b>

The components of net periodic pension cost for the years ended August 31 are as follows (in thousands):

	2021			2020		
	Emory Healthcare	SJHS		Emory Healthcare	SJHS	DRHS
Interest cost	\$ 9,724	4,803		\$ 11,106	5,335	628
Expected return on assets	(15,451)	(9,379)		(12,065)	(8,567)	(621)
Amortization of prior service cost	—	(438)		—	(438)	—
Amortization of net loss	3,731	2,487		2,832	2,654	91
<b>Net periodic pension cost</b>	<b>\$ (1,996)</b>	<b>(2,527)</b>		<b>\$ 1,873</b>	<b>(1,016)</b>	<b>98</b>

Net periodic pension costs are recognized as employees render the services necessary to earn the pension and postretirement benefits. Weighted average assumptions used to determine benefit obligations in the accompanying consolidated statements of financial position as of August 31 are as follows:

	2021			2020		
	Emory Healthcare	SJHS		Emory Healthcare	SJHS	DRHS
Discount rate	2.73%	2.68%		2.78%	2.71%	—%
Expected long-term rate of return on plan assets	5.20	6.50		4.65	6.75	—

Weighted average assumptions used to determine net periodic pension cost for the years ended August 31 are as follows:

	2021			2020		
	Emory Healthcare	SJHS		Emory Healthcare	SJHS	DRHS
Discount rate	2.78%	2.71%		3.11%	3.08%	3.14%
Expected long-term rate of return on plan assets	5.20	6.50		4.65	6.75	3.50

**EMORY UNIVERSITY**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

AUGUST 31, 2021 AND 2020

The following tables summarize the plan assets, which are recorded at fair value as of August 31 as follows (in thousands):

	2021							
	Emory		Total	Fair Value Hierarchy			Total Fair Value	Target <sup>(1)</sup> Allocation
	Healthcare	SJHS		Level 1	Level 2	NAV		
INVESTMENTS:								
Short-term investments and cash equivalents	\$ 1,075	5,780	6,855	4,422	–	2,433	6,855	—%
Public equity	150,441	44,406	194,847	17,928	133,118	43,801	194,847	60
Absolute Return	31,539	–	31,539	12,825	–	18,714	31,539	4
Private equity/ venture capital	5,106	–	5,106	–	–	5,106	5,106	2
Fixed income	181,240	100,534	281,774	9,199	269,675	2,900	281,774	30
Managed funds	–	12,711	12,711	–	–	12,711	12,711	4
<b>Total investments</b>	<b>\$ 369,401</b>	<b>163,431</b>	<b>532,832</b>	<b>44,374</b>	<b>402,793</b>	<b>85,665</b>	<b>532,832</b>	<b>100%</b>

	2020							
	Emory		Total	Fair Value Hierarchy			Total Fair Value	Target <sup>(1)</sup> Allocation
	Healthcare	SJHS		Level 1	Level 2	NAV		
INVESTMENTS:								
Short-term investments and cash equivalents	\$ 528	6,392	6,920	(378)	1,362	5,936	6,920	—%
Public equity	209,979	72,528	282,507	28,583	209,979	43,945	282,507	60
Fixed income	109,222	49,294	158,516	–	158,516	–	158,516	30
Managed funds	–	15,874	15,874	–	–	15,874	15,874	10
<b>Total investments</b>	<b>\$ 319,729</b>	<b>144,088</b>	<b>463,817</b>	<b>28,205</b>	<b>369,857</b>	<b>65,755</b>	<b>463,817</b>	<b>100%</b>

<sup>(1)</sup> While each plan has an individual target asset allocation, the percentage represents the averages for all plans assets.

**Cash Flows**

Emory Healthcare expects to contribute \$0.0 million to the Emory Healthcare Pension Plan, and \$3.9 million to the SJHS Pension Plan during fiscal year 2022.

**Expected Future Benefit Payments**

Emory Healthcare annual future benefit payments, excluding lump-sum settlements, are expected to range from \$12.0 million to \$17.6 million for the next five years. SJHS Pension Plan annual future benefit payments, excluding lump-sum settlements, are expected to range from \$7.3 million to \$8.5 million for the next five years.

**Other Items**

Emory Healthcare uses the straight-line method to amortize prior service cost for both plans.

**(19) Postretirement Healthcare and Life Insurance Benefits**

The University sponsors a postretirement life insurance and healthcare benefits plan. Participants hired after 2002 pay the full retiree-specific premium equivalent and are therefore assumed to pay the full cost of their coverage. The University and Emory Healthcare each fund a separate trust (VEBA Trust) for retiree health and life benefits. The assets of the VEBA Trust are invested primarily in equity and fixed-income securities. The University funds these benefits only to the extent of current retiree claims. The University measures its participation in the VEBA Trust at August 31 each fiscal year.

**EMORY UNIVERSITY**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

AUGUST 31, 2021 AND 2020

The changes in the accumulated postretirement benefit obligation (APBO) as of August 31 are as follows (in thousands):

	2021			2020	
	Emory University	Emory Healthcare	Total	Total	
APBO, beginning of year	\$ 136,735	72,844	209,579	\$ 200,735	
Service cost	1,936	501	2,437	2,610	
Interest cost	3,076	1,575	4,651	5,633	
Actuarial losses (gains)	4,045	1,204	5,249	6,262	
Benefits paid	(4,239)	(2,584)	(6,823)	(5,661)	
<b>APBO, end of year</b>	<b>\$ 141,553</b>	<b>73,540</b>	<b>215,093</b>	<b>\$ 209,579</b>	

Discount rate to determine APBO as of August 31, 2021 and 2020 was 2.7% and 2.8%, respectively.

The changes in the fair value of plan assets, funded status of the plan, and the status of the accrued postretirement benefit obligation recognized in the accompanying consolidated statements of financial position as of and for the years ended August 31 are as follows (in thousands):

	2021			2020	
	Emory University	Emory Healthcare	Total	Total	
Fair value of plan assets, beginning of year	\$ 80,685	17,098	97,783	\$ 90,530	
Actual return on plan assets	16,977	2,415	19,392	9,016	
Benefits paid from plan assets	—	—	—	(1,763)	
<b>Fair value of plan assets, end of year</b>	<b>\$ 97,662</b>	<b>19,513</b>	<b>117,175</b>	<b>\$ 97,783</b>	
<b>Funded status</b> — accrued postretirement benefit cost recognized in the consolidated statements of financial position	<b>\$ (43,891)</b>	<b>(54,027)</b>	<b>(97,918)</b>	<b>\$ (111,796)</b>	

The components of net periodic postretirement benefit cost for the years ended August 31 are as follows (in thousands):

	2021			2020	
	Emory University	Emory Healthcare	Total	Total	
Service cost of benefits earned	\$ 1,936	501	2,437	\$ 2,610	
Interest cost on APBO	3,076	1,575	4,651	5,633	
Expected return on plan assets	(5,285)	(1,120)	(6,405)	(6,250)	
Recognized net actuarial loss	3,579	3,367	6,946	7,382	
<b>Net periodic postretirement benefit cost</b>	<b>\$ 3,306</b>	<b>4,323</b>	<b>7,629</b>	<b>\$ 9,375</b>	

Discount rate and expected return on plan assets used to determine net periodic postretirement benefit cost for the years ended August 31, 2021 and 2020 was 2.8% and 3.1%, respectively, and 6.6% and 7.0%, respectively.

The amounts accumulated in net assets without donor restrictions follow as of August 31 (in thousands):

	2021			2020	
	Emory University	Emory Healthcare	Total	Total	
Net unrecognized actuarial loss	\$ 56,550	26,045	82,595	\$ 97,309	
Prior service cost	(56)	—	(56)	(86)	
<b>Total</b>	<b>\$ 56,494</b>	<b>26,045</b>	<b>82,539</b>	<b>\$ 97,223</b>	



# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

In fiscal year 2022, net unrecognized actuarial losses of \$2.7 million for Emory University and \$2.9 million for Emory Healthcare are expected to be amortized from net assets without donor restrictions into net periodic postretirement benefit cost.

### Plan Assets

The Investment Committee of Emory University's Board of Trustees approves the investment guidelines and asset allocation targets for the pension benefits and postretirement benefits plans.

The primary objective of the investments is to ensure the solvency of the plans over time to meet plan obligations. The secondary objective is to meet or exceed the plans' actuarial assumed rate of return over time without taking excess risk. The funds are diversified by asset class in accordance with established allocation targets and rebalanced as needed. Specific investments are apportioned to a combination of institutional pooled funds and mutual funds.

The following table summarizes the VEBA Trust assets for the University and Emory Healthcare as of August 31 (in thousands):

2021							
	Total Fair Value	Fair Value Hierarchy		NAV	Target Allocation	Total Asset Allocation	
		Level 1	Level 2				
Fixed income	\$ 19,215	9,784	9,431	–	15%	16%	
Public equity	83,615	8,931	49,291	25,393	70	71	
Absolute return	12,308	6,694	–	5,614	10	11	
Private Equity/ Venture Capital	1,824	–	–	1,824	5	2	
Short-term investment and cash equivalent	213	213	–	–	–	–	
<b>Total investments</b>	<b>\$ 117,175</b>	<b>25,622</b>	<b>58,722</b>	<b>32,831</b>	<b>100%</b>	<b>100%</b>	

2020							
	Total Fair Value	Fair Value Hierarchy		NAV	Target Allocation	Total Asset Allocation	
		Level 1	Level 2				
Fixed income	\$ 20,924	13,998	6,926	–	25%	21%	
Public equity	76,861	17,750	44,352	14,759	75	79	
Short-term investment and cash equivalent	(2)	(2)	–	–	–	–	
<b>Total investments</b>	<b>\$ 97,783</b>	<b>31,746</b>	<b>51,278</b>	<b>14,759</b>	<b>100%</b>	<b>100%</b>	

### Cash Flows

Emory University and Emory Healthcare expect to contribute \$4.6 million and \$2.7 million, respectively, to the postretirement benefit plan during fiscal year 2022.

### Expected Future Benefit Payments

Annual future benefit payments are expected to range from \$4.5 million to \$5.6 million for Emory University and from \$2.7 million to \$3.3 million for Emory Healthcare for the next five years.

### (20) Functional Expenses

The consolidated statements of activities present expenses by natural classification. The University also summarizes expenses

by functional classification, in accordance with its mission. The University's primary program services are instruction, research, public service, and the delivery of healthcare and medical services. Expenses for academic support, institutional support, and independent operations/auxiliary enterprises are generally incurred in support of these primary program activities, with academic support being related to student financial aid. Capital and plant expenditures, costs for operation and maintenance of plant, interest on indebtedness, and depreciation and amortization are allocated using a variety of cost allocation techniques, such as square footage and time and effort.

**EMORY UNIVERSITY**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

AUGUST 31, 2021 AND 2020

The consolidated statements of activities include the following functional expenses for the years ended August 31 (in thousands, net of the cost allocations and recharges referenced above):

2021

		Instruction	Research	Academic Support and Scholarship and Fellowship	Institutional Support	Public Service	*Healthcare and Medical Services	Independent Operations and Auxiliary	Total
Salaries	\$	305,359	265,913	90,250	155,355	58,372	2,628,942	97,475	3,601,666
Fringe benefits		80,373	74,468	25,061	28,524	16,650	539,118	35,404	799,598
Student financial aid		—	—	28,678	—	—	—	—	28,678
Other operating expenses		54,970	210,471	58,698	26,322	45,565	1,921,526	29,538	2,347,090
Interest on indebtedness		6,338	10,089	4,029	2,034	1,594	32,144	18,731	74,959
Depreciation and amortization		30,007	50,238	18,115	25,967	8,259	161,504	21,316	315,406
<b>Total expenses</b>	<b>\$</b>	<b>477,047</b>	<b>611,179</b>	<b>224,831</b>	<b>238,202</b>	<b>130,440</b>	<b>5,283,234</b>	<b>202,464</b>	<b>7,167,397</b>

\* Healthcare and Medical Services – The portion of patient care services related to Emory Healthcare expense is \$5.0 billion. Healthcare administrative costs are \$432.1 million, included therein.

2020

		Instruction	Research	Academic Support and Scholarship and Fellowship	Institutional Support	Public Service	*Healthcare and Medical Services	Independent Operations and Auxiliary	Total
Salaries	\$	310,588	250,500	90,830	161,045	55,504	2,398,787	99,878	3,367,132
Fringe benefits		74,597	62,373	22,334	20,294	14,054	499,813	20,758	714,223
Student financial aid		—	—	27,302	—	—	—	—	27,302
Other operating expenses		55,590	198,984	56,377	4,898	42,579	1,715,070	27,361	2,100,859
Interest on indebtedness		7,046	11,216	4,479	2,261	1,771	27,072	18,919	72,764
Depreciation and amortization		29,537	49,476	17,832	25,563	8,130	155,687	17,120	303,345
<b>Total expenses</b>	<b>\$</b>	<b>477,358</b>	<b>572,549</b>	<b>219,154</b>	<b>214,061</b>	<b>122,038</b>	<b>4,796,429</b>	<b>184,036</b>	<b>6,585,625</b>

\* Healthcare and Medical Services – The portion of patient care services related to Emory Healthcare expense is \$4.6 billion. Healthcare administrative costs are \$445.8 million, included therein.

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

Costs related to the University's operation and maintenance of property, including depreciation of property and equipment and interest on related debt, are allocated to program and supporting activities based upon information reported in the space study and debt financing records. Total amounts allocated in 2021 and 2020 were \$190.6 million and \$175.8 million, respectively. Fundraising costs were approximately \$41.3 million and \$40.0 million in 2021 and 2020, respectively.

### **(21) Medical Professional and General Liability Insurance Coverage**

CCIC, Emory Healthcare's wholly owned offshore captive insurer, provides claims-made primary medical professional and general liability coverage for the University, the Hospitals, Emory Clinic, Emory Specialty Associates, and Wesley Woods Center.

As of August 31, 2021 and 2020, the University has recorded an accrual for estimated losses associated with all retained CCIC risks of approximately \$255.5 million (discounted 2.5%) and \$262.1 million (discounted at 2.5%), respectively.

Emory has purchased layered excess and umbrella insurance and reinsurance coverage beyond the amounts retained by CCIC, through various carriers, for a total of \$105.0 million per claim and in the aggregate.

The estimated liability for professional and general liability claims will be significantly affected if current and future claims differ from historical trends. While the University monitors reported claims closely and considers potential outcomes as estimated by its actuaries when determining its professional and general liability accruals, the complexity of the claims, the extended period of time to settle the claims, and the wide range of potential outcomes complicate the estimation. The University's management believes adequate provision has been made for the related risk.

### **(22) Related-Party Transactions**

The Carter Center, Inc. (CCI) is a nonprofit organization founded by former U.S. President Jimmy Carter and Rosalynn Carter, which sponsors various domestic and international programs. The Board of Trustees of CCI comprises 16 to 28 members, including its founders, and others as elected half by the University, including the University's president, and half by the Carter Center class trustees. The University's Board of Trustees has the authority to approve amendments to CCI's articles of incorporation and bylaws. Funds held in trust for others include \$1.165 billion and \$866.1 million, representing CCI's investment

in the University's long-term investment portfolio as of August 31, 2021 and 2020, respectively. CCI is permitted partial withdrawals of up to 10% per year (inclusive of regular spending payouts), with 30 days' written notice prior to a calendar quarter or fiscal year end. A full withdrawal request by CCI requires at least one year's written notice and is subject to a multi-year distribution schedule in line with the duration of the long-term investment portfolio, as agreed upon by both CCI and the University.

Emory University and Children's Healthcare of Atlanta, Inc. (Children's), a Georgia nonprofit corporation, established the Emory + Children's Pediatric Institute (the Institute) effective September 1, 2018 under a Master Affiliation Agreement (the affiliation agreement). Under the terms of the affiliation agreement, approximately 350 Emory University School of Medicine Department of Pediatrics faculty physicians and PhD researchers transferred to the Institute and became employees thereof. The affiliation agreement restructured previous arrangements between the parties for pediatric teaching, research, and related clinical services. The ownership of the Institute is 50% Emory University and 50% Children's, with equal representation on the governing board. The funding obligations of each party are specified by the affiliation agreement, and each party funds its mission-related expenses. The University reports research and teaching expenses provided by these 350 faculty members in salaries, fringe benefits, professional fees and purchased services, and other operating expenses in the consolidated statements of activities.

### **(23) Commitments and Contingencies**

Emory University and Emory Healthcare are in the process of constructing, renovating, and equipping certain facilities for which the outstanding commitments at August 31, 2021 totaled \$217.7 million and \$493.6 million, respectively.

Expenditures and indirect costs related to federal and state grants and contracts are subject to adjustment based upon review by the granting agencies. The amounts, if any, of expenditures which may be disallowed by the granting agencies, cannot be determined at this time, although management expects they will not have a material effect on the University's consolidated financial statements.

Lawsuits and claims have been filed against the University in the ordinary course of business. As one of the nation's largest research universities and academic medical centers, the University has active litigation that takes several forms. The University's policy is to accrue for litigation and claims when

# EMORY UNIVERSITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AUGUST 31, 2021 AND 2020

such amounts are probable and can be reasonably estimated based on consultation with external legal counsel and Emory General Counsel review.

In addition, the University is subject to many federal and state regulations, and as a result, there may be one or more pending government investigations ongoing at any time. While the outcome of many of these actions is not presently determinable, it is the opinion of management that any resulting liability from these actions will not have a material adverse effect on the consolidated statements of financial position or operating results of the University. The University also has a comprehensive program of primary and excess insurance. Management of the University believes any current pending lawsuit subjecting the University to liability would not have a materially adverse effect on the University's consolidated statements of financial position.

Emory Healthcare and SJHS have a JOC under the name of Emory/Saint Joseph's, Inc. to further the respective missions of Emory Healthcare and CHE Trinity Health. Under the JOC Contribution Agreement, Emory Healthcare maintains a 51% controlling ownership interest in the JOC. SJHS has a noncontrolling membership interest in the JOC of 49%. Effective August 31, 2014, CHE Trinity Health has a put right, as defined in the JOC Contribution Agreement, that may be exercised at any time with written notice to Emory Healthcare. Upon the occurrence of such event, Emory Healthcare may be required to purchase from SJHS its noncontrolling interest in the JOC.

As part of the terms of the Definitive Agreement to acquire DRHS, Emory Healthcare committed \$239.0 million on capital projects to benefit DRHS and its affiliates over a 7-year period, beginning September 1, 2018. Such period may be extended under certain circumstances to a period of no more than 10 years. The outstanding commitment amount based on the terms of the Definitive Agreement totaled approximately \$120.0 million as of August 31, 2021.

### **(24) Subsequent Events**

Emory has evaluated subsequent events after the consolidated statements of financial position date of August 31, 2021 through December 20, 2021, the date the consolidated financial statements were available to be issued and noted that there are no other items to disclose.

## **SUPPLEMENTARY INFORMATION**

**EMORY UNIVERSITY** (EXCLUDING EMORY HEALTHCARE)  
**STATEMENTS OF FINANCIAL POSITION - SUPPLEMENTARY INFORMATION**  
**SCHEDULE 1**

AUGUST 31, 2021 AND 2020 (Dollars in thousands)

	August 31, 2021	August 31, 2020
<b>ASSETS:</b>		
Cash and cash equivalents	\$ 529,586	\$ 640,687
Student accounts receivable, net	18,616	81,136
Loans receivable, net	18,441	20,783
Contributions receivable, net	180,994	160,429
Other receivables, net	185,308	180,104
Prepaid expenses, deferred charges, and other assets	198,088	201,745
Investments	11,117,694	8,338,921
Interests in perpetual funds held by others	1,848,427	1,670,377
Operating lease right-of-use assets	18,055	27,556
Property and equipment, net	2,202,256	2,067,448
Due from affiliates	810,745	704,491
<b>Total assets</b>	<b>\$ 17,128,210</b>	<b>\$ 14,093,677</b>
<b>LIABILITIES AND NET ASSETS:</b>		
Accounts payable and accrued liabilities	\$ 297,789	\$ 208,501
CARES Act accrued liabilities	56,403	33,085
Deferred revenue	311,548	242,931
Interest payable	38,803	28,735
Liability for derivative instruments	211,164	270,976
Bonds and notes payable	2,526,137	2,562,915
Accrued liabilities for benefit obligations and professional liabilities	199,995	181,175
Operating lease liabilities	19,709	29,298
Finance lease liabilities	17,624	17,846
Funds held in trust for others	1,239,045	911,138
Annuities payable	15,843	14,677
Government advances for federal loan programs	16,719	19,494
Asset retirement obligations	60,004	57,436
<b>Total liabilities</b>	<b>5,010,783</b>	<b>4,578,207</b>
Net assets without donor restrictions	4,116,822	3,392,244
Net assets with donor restrictions	8,000,605	6,123,226
<b>Total net assets</b>	<b>12,117,427</b>	<b>9,515,470</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 17,128,210</b>	<b>\$ 14,093,677</b>

See accompanying independent auditors' report.

**EMORY UNIVERSITY** (EXCLUDING EMORY HEALTHCARE)  
**STATEMENTS OF ACTIVITIES - SUPPLEMENTARY INFORMATION**  
**SCHEDULE 2**

YEAR ENDED AUGUST 31, 2021 (WITH SUMMARIZED COMPARATIVE INFORMATION FOR 2020) (Dollars in thousands)

	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total August 31, 2021	Total August 31, 2020
<b>OPERATING REVENUE</b>				
Tuition and fees, net of scholarship allowance	\$ 416,618	-	\$ 416,618	\$ 455,077
Sales and services of auxiliary enterprises, net of scholarship allowance	37,715	-	37,715	62,363
Endowment spending distribution	206,255	-	206,255	204,034
Distribution from perpetual funds	40,418	-	40,418	38,797
Other investment income designated for current operations	56,134	-	56,134	54,873
Gifts and contributions for current use	57,691	40,615	98,306	94,945
Grants and contracts	590,964	-	590,964	513,925
Indirect cost recoveries	171,885	-	171,885	153,399
Medical services	325,028	-	325,028	254,179
Independent operations	12,519	-	12,519	13,001
Other revenue	103,922	-	103,922	130,773
Net assets released from restrictions	34,854	(18,153)	16,701	7,842
<b>Total operating revenue</b>	<b>2,054,003</b>	<b>22,462</b>	<b>2,076,465</b>	<b>1,983,208</b>
Operating support from Emory Healthcare	103,518	-	103,518	95,274
<b>Total operating revenue and other support</b>	<b>2,157,521</b>	<b>22,462</b>	<b>2,179,983</b>	<b>2,078,482</b>
<b>OPERATING EXPENSES</b>				
Salaries	1,210,400	-	1,210,400	1,198,919
Fringe benefits	315,050	-	315,050	263,303
Student financial aid	28,678	-	28,678	27,302
Other operating expenses	459,173	-	459,173	365,075
Interest on indebtedness	43,145	-	43,145	46,060
Depreciation and amortization	159,387	-	159,387	153,058
<b>Total operating expenses</b>	<b>2,215,833</b>	<b>-</b>	<b>2,215,833</b>	<b>2,053,717</b>
<b>NET OPERATING ACTIVITIES</b>	<b>(58,312)</b>	<b>22,462</b>	<b>(35,850)</b>	<b>24,765</b>
<b>NONOPERATING ACTIVITIES, NET</b>				
Investment return in excess of spending distribution for current operations	824,728	1,424,988	2,249,716	608,180
Change in undistributed income from perpetual funds held by others	-	250,749	250,749	(37,422)
Gifts and contributions for capital and long-term investment	9,900	203,860	213,760	74,924
Other losses	(4,474)	-	(4,474)	(4,245)
Gain on defeasance of debt	-	-	-	4,386
Change in fair value of derivative instruments	59,812	-	59,812	(32,864)
Net periodic benefit cost other than service cost	(1,370)	-	(1,370)	(2,161)
Changes in pension and other postretirement obligations	15,465	-	15,465	3,638
Other nonoperating items, net	(126,271)	(2,879)	(129,150)	(58,371)
Net assets released from restrictions	5,100	(21,801)	(16,701)	(7,842)
<b>Total nonoperating activities, net</b>	<b>782,890</b>	<b>1,854,917</b>	<b>2,637,807</b>	<b>548,223</b>
<b>CHANGE IN NET ASSETS</b>	<b>724,578</b>	<b>1,877,379</b>	<b>2,601,957</b>	<b>572,988</b>
<b>BEGINNING NET ASSETS</b>	<b>3,392,244</b>	<b>6,123,226</b>	<b>9,515,470</b>	<b>8,942,482</b>
<b>ENDING NET ASSETS</b>	<b>\$ 4,116,822</b>	<b>8,000,605</b>	<b>\$ 12,117,427</b>	<b>\$ 9,515,470</b>

See accompanying independent auditors' report.

**EMORY UNIVERSITY** (EXCLUDING EMORY HEALTHCARE)  
**STATEMENT OF CASH FLOWS - SUPPLEMENTARY INFORMATION**  
**SCHEDULE 3**

YEAR ENDED AUGUST 31, 2021 (Dollars in thousands)

**August 31, 2021**

<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>	
Change in net assets	\$ 2,601,957
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Contributions and pledge payments restricted for long-term investment and capital projects	(171,439)
Contributions of donated securities	(29,193)
Proceeds from sale of donated securities	24,452
Net realized and unrealized gains on investments	(2,863,303)
Loss on disposal of property and equipment	4,474
Gain on interests in perpetual funds held by others	(250,749)
Depreciation and amortization	155,461
Amortization of bond premiums and issuance costs	(19,953)
Amortization of right-of-use assets	7,266
Change in pension and other postretirement	(9,856)
Change in fair value of derivative instruments	(59,812)
Change in operating assets:	
Accounts and other receivables, net	57,316
Contributions receivable for operations	(39,232)
Prepaid expenses, deferred charges, and other assets	(50,934)
Due to/from affiliates	(106,254)
Change in operating liabilities:	
Accounts payable, accrued liabilities, and interest payable	86,132
CARES Act accrued liabilities	23,348
Asset retirement obligations	2,568
Accrued liabilities for benefit obligations and professional liabilities	28,676
Lease liabilities, net	(4,105)
Deferred revenue	68,617
<b>Net cash used in operating activities</b>	<b>(544,563)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>	
Disbursements of loans to students	(1,903)
Repayment of loans from students	4,245
Proceeds from sales and maturities of investments	2,910,995
Purchases of investments	(2,826,465)
Purchases of property, plant, and equipment	(283,429)
Increase in funds held in trust for others	327,907
<b>Net cash provided by investing activities</b>	<b>\$ 131,350</b>

(Continued)



**EMORY UNIVERSITY** (EXCLUDING EMORY HEALTHCARE)  
**STATEMENT OF CASH FLOWS - SUPPLEMENTARY INFORMATION**  
**SCHEDULE 3**

YEAR ENDED AUGUST 31, 2021 (Dollars in thousands)

**August 31, 2021**

CASH FLOWS FROM FINANCING ACTIVITIES:	
Contributions and pledge payments restricted for long-term investment and capital projects	\$ 262,805
Proceeds from sale of donated securities restricted for long-term investment and capital projects	4,741
Proceeds from bonds payable	-
Principal repayments of bonds payable	(16,769)
Payments on finance lease obligations	(1,591)
Debt issuance costs	(56)
Change in annuities payable	1,166
Change in government advances for federal loan programs	(2,775)
<b>Net cash provided by financing activities</b>	<b>247,521</b>
Net change in cash, cash equivalents, and restricted cash	(165,692)
Cash, cash equivalents, and restricted cash at beginning of year	726,588
<b>Cash, cash equivalents, and restricted cash at end of year</b>	<b>\$ 560,896</b>

See accompanying independent auditor's report.