

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

EMORY HEALTHCARE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1440 clifton road ne whscab

Room/suite

City or town, state or country, and ZIP + 4

atlanta, GA 30322

F Name and address of principal officer

JOHN T FOX

1440 clifton road ne WHSCAB

ATLANTA, GA 30322

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

58-2137993

E Telephone number

(404) 686-2819

G Gross receipts \$ 65,388,139

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.EMORYHEALTHCARE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1994

M State of legal domicile

GA

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities COORDINATED INTEGRATED HEALTH SYSTEM		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	11,778
Revenue	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	53,972
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,014,079	59,120,179
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,682,860	110,777
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,510,799	6,103,211
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	149,842,018	65,388,139
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	73,849,841	84,499,672
	b	Total fundraising expenses (Part IX, column (D), line 25) ⁰	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	67,984,540	-3,211,945
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	141,834,381	81,287,727
			8,007,637	-15,899,588
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	-18,719,101	-35,379,415
	22	Net assets or fund balances Subtract line 21 from line 20	24,793,580	24,022,417
			-43,512,681	-59,401,832

Part II

Signature Block

Sign Here

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

Signature of officer

2011-07-13

Date

JAMES T HATCHER CFO CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

KPMG LLP

300 North Greene Street Suite 400

Greensboro, NC 27401

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN

Phone no (336) 275-3394

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

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

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

EMORY HEALTHCARE 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

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

4a	(Code) (Expenses \$ 77,794,151 including grants of \$) (Revenue \$)
	EMORY HEALTHCARE, INC COORDINATES THE PROVISION OF NEEDED MEDICAL CARE TO ITS COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY PROGRAMS INCLUDE MARKETING, INFORMATION SERVICES, MANAGED CARE, CREDENTIALING, RISK AND INSURANCE, STRATEGIC PLANNING, COMMUNITY RELATIONS, AND HUMAN RESOURCES Continued on Schedule O









[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 77,794,151
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	0		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	11,778		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
	b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	22	
b	Enter the number of voting members that are independent	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JAMES T HATCHER 550 PEACHTREE STREET NE atlanta,GA 303082209 (404) 686-7519

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]

1b Total	2,734,405	9,934,922	2,378,905
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **123**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	CONSULTING	1,602,289
GE HEALTHCARE PO BOX 96483 CHICAGO, IL 60693	CONSULTING	1,289,521
ALLEN MCCAIN AND O'MAHONY PC 1349 WEST PEACHTREE STREET NE ATLANTA, GA 30309	LEGAL	1,254,528
HALL BOOTH SMITH SLOVER PC 1180 WEST PEACHTREE STREET NE ATLANTA, GA 303093479	LEGAL	861,810
SYNERGIS 11675 RAINWATER DRIVE SUITE 175 ALPHARETTA, GA 30004	HEALTHCARE PROF SVC	722,425

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 **65**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	53,972				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			53,972			
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	900,099	56,808,404	56,808,404	0	0	
	b	OTHER OPERATING REVENUE	900,099	2,197,775	2,197,775	0	0	
	c	MEDICAL DIRECTOR REVENUE - NON EMORY	900,099	114,000	114,000	0	0	
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			59,120,179			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			110,777	0	0	110,777
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			0	0	0	0
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
			a					
			b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19						
			a					
b			Less direct expenses	b				
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances							
		a						
		b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	INTERCOMPANY TRANSACTIONS	900,099	7,049,615	7,049,615	0	0		
		900,099	-946,404	-946,404	0	0		
b	OTHER							
c								
d	All other revenue							
e	Total. Add lines 11a-11d			6,103,211				
12	Total revenue. See Instructions			65,388,139	65,223,390	0	110,777	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,452,957	1,432,092	20,865	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	70,895,118	69,877,019	1,018,099	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	12,151,597	11,893,526	258,071	0
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	656,238	636,085	20,153	0
c	Accounting	49,729	49,729	0	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	2,356,358	2,341,523	14,835	0
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	20,869,504	20,530,771	338,733	0
17	Travel	269,036	251,961	17,075	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	214,503	214,503	0	0
21	Payments to affiliates	8,538,236	8,538,236	0	0
22	Depreciation, depletion, and amortization	1,577,038	1,578,836	-1,798	0
23	Insurance	1,403,373	1,403,373	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED SERVICES	-64,587,130	-65,729,869	1,142,739	0
b	BAD DEBT EXPENSE	2,948,748	2,948,748	0	0
c	SUPPLIES	6,492,492	6,509,258	-16,766	0
d	REIMBURSEMENTS	-2,910,832	-2,907,121	-3,711	0
e	ADMIN & UNIVERSITY OVERHEAD	14,066,543	13,497,976	568,567	0
f	All other expenses	4,844,219	4,727,505	116,714	0
25	Total functional expenses. Add lines 1 through 24f	81,287,727	77,794,151	3,493,576	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			-97,545,050	1	-119,222,376
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,624,798	4	9,547,546
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	495,368
	9	Prepaid expenses and deferred charges			3,553,702	9	3,820,228
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	7,255,901			
	b	Less accumulated depreciation	10b	4,031,789	2,673,510	10c	3,224,112
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			64,973,939	15	66,755,707
	16	Total assets. Add lines 1 through 15 (must equal line 34)			-18,719,101	16	-35,379,415
Liabilities	17	Accounts payable and accrued expenses			13,077,912	17	13,031,971
	18	Grants payable				18	
	19	Deferred revenue			5,766,689	19	5,366,693
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			5,948,979	25	5,623,753
	26	Total liabilities. Add lines 17 through 25			24,793,580	26	24,022,417
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-43,512,681	27	-59,412,265
	28	Temporarily restricted net assets			0	28	10,433
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-43,512,681	33	-59,401,832
	34	Total liabilities and net assets/fund balances			-18,719,101	34	-35,379,415

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization EMORY HEALTHCARE INC	Employer identification number 58-2137993
--	--

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 11, check only one box)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input checked="" type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h a <input checked="" type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									8,538,236

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization EMORY HEALTHCARE INC	Employer identification number 58-2137993
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Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		557,946	99,857	458,089
d Equipment		6,697,955	3,931,932	2,766,023
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,224,112

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ASC740	PART X, LINE 2	ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS. IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS CURRENTLY NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF ASC 740.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EMORY HEALTHCARE INC

Employer identification number
58-2137993

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			941,321		941,321	1 160 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			2,563,714	1,564,287	999,427	1 230 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			3,505,035	1,564,287	1,940,748	2 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			4,377,310	1,536,090	2,841,220	3 490 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits			4,377,310	1,536,090	2,841,220	3 490 %
k Total. Add lines 7d and 7j)			7,882,345	3,100,377	4,781,968	5 880 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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 IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	21,114,420	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3941,321	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	57,134,685	
6	Enter Medicare allowable costs of care relating to payments on line 5	68,126,514	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-991,829	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures

(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 %
1SEE SCHEDULE O	Emory Johns Creek Hospital	50.000 %		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)						
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical
EMORY JOHNS CREEK HOSPITAL 6325 HOSPITAL PKWY JOHNS CREEK, GA 30097		X	X		X		X

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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 charity care policy

PART VI, LINE 3 CHARITY CARE POLICY AND FINANCIAL ASSISTANCE APPLICATIONS ARE DISCUSSED WITH PATIENTS DURING THE FINANCIAL SCREENING PROCESS PATIENTS ARE NOTIFIED OF THEIR STATUS OF FINANCIAL ASSISTANCE AS EACH APPLICATION IS PROCESSED WE ALSO UTILIZE A MEDICAID ELIGIBILITY VENDOR TO ASSIST PATIENTS IN APPLYING FOR MEDICAID OR OTHER GOVERNMENT PROGRAMS

- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

PART VI, LINE 5 NOT APPLICABLE

- 6 Provide any other information important to describing how the organization's hospitals 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)

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

- 7 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

PART VI, LINE 7 SEE PART I, LINE 7 DISCLOSURE ABOVE

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

GA

Additional Data

Software ID:
Software Version:
EIN: 58-2137993
Name: EMORY HEALTHCARE INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT
HTTP //WHSC.EMORY.EDU/HOME/PUBLICATIONS/HEALTH-SCIENCES/COMMUNITY-BENEFITS-2010/INDEX.HTML

EMORY UNIVERSITY INCLUDES ONE OF THE NATION'S LEADING ACADEMIC COMPLEXES FOR TEACHING, RESEARCH, AND PATIENT CARE-THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER (WHSC) THE WHSC INCLUDES EMORY UNIVERSITY SCHOOL OF MEDICINE, NELL HODGSON WOODRUFF SCHOOL OF NURSING, ROLLINS SCHOOL OF PUBLIC HEALTH, WINSHIP CANCER INSTITUTE, YERKES NATIONAL PRIMATE RESEARCH CENTER, AND EMORY HEALTHCARE, WHICH IS THE WHSC'S SYSTEM OF HEALTH CARE OPERATIONS EMORY HEALTHCARE INCLUDES PHYSICIAN GROUPS FOR PEDIATRIC AND ADULT PATIENTS AS WELL AS THE FOLLOWING HOSPITALS (1) TWO GENERAL AND ACUTE CARE HOSPITALS, EMORY UNIVERSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN, (2) A GERIATRIC AND LONG-TERM CARE HOSPITAL, WESLEY WOODS GERIATRIC HOSPITAL AND WESLEY WOODS LONG-TERM CARE HOSPITAL, AND (3) THREE JOINT VENTURE HOSPITALS EMORY-ADVENTIST HOSPITAL, EMORY JOHNS CREEK HOSPITAL AND EMORY EASTSIDE MEDICAL CENTER ALTHOUGH PART OF THE EMORY HEALTHCARE SYSTEM FOR MANAGEMENT AND OPERATIONS THE VARIOUS HOSPITALS ARE OPERATING DIVISIONS OF DIFFERENT EMORY ENTITIES EMORY UNIVERSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN ARE OPERATING DIVISIONS OF EMORY UNIVERSITY WESLEY WOODS GERIATRIC HOSPITAL IS AN OPERATING DIVISION OF WESLEY WOODS CENTER OF EMORY UNIVERSITY, INC WESLEY WOODS LONG TERM HOSPITAL, INC IS SEPARATELY INCORPORATED EMORY ADVENTIST, INC IS SEPARATELY INCORPORATED EMORY JOHNS CREEK HOSPITAL AND EMORY EASTSIDE MEDICAL CENTER ARE PART OF A JOINT VENTURE WITH COLUMBIA HCA HEALTHCARE CORPORATION IN ADDITION, EMORY HAS CLOSE WORKING RELATIONSHIPS WITH OTHER COMMUNITY 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 85% OF PHYSICIAN CARE AT THIS FACILITY, WHICH IS ONE OF THE LARGEST PUBLIC HOSPITALS IN THE SOUTHEAST EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, WESLEY WOODS GERIATRIC HOSPITAL AND WESLEY WOODS LONG TERM HOSPITAL, AS WELL AS GRADY, THE ATLANTA VA AND CHILDREN'S HEALTHCARE OF ATLANTA, 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 \$22.3 MILLION IN UNCOMPENSATED PATIENT CARE TO GRADY IN FY 2010 IN ADDITION, EMCF INVESTS ANY REIMBURSEMENTS THAT EMORY FACULTY DO RECEIVE AT GRADY TO UPGRADE EQUIPMENT AND SUPPORT VITAL SERVICES PROVIDED BY EMORY DOCTORS WORKING AT THE HOSPITAL EMCF INVESTED \$36 MILLION FOR THIS PURPOSE IN FY 2010 IN FY 2010 EMORY PROVIDED \$12 MILLION TO GRADY FOR MEDICAL RESIDENTS AND PHYSICIANS EMORY ALSO PROVIDES ABOUT 66% OF THE 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 EMORY HEALTHCARE'S 50% INTEREST IN EMORY JOHNS CREEK HOSPITAL 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/HOME/PUBLICATIONS/HEALTH-SCIENCES/COMMUNITY-BENEFITS-2010/](http://whsc.emory.edu/home/publications/health-sciences/community-benefits-2010/) FOR MORE SPECIFICS AND A BREAKDOWN OF CHARITY CARE BY INDIVIDUAL FACILITY, SEE [HTTP://WHSC.EMORY.EDU/HOME/PUBLICATIONS/HEALTH-SCIENCES/COMMUNITY-BENEFITS-2010/CHARITY/INDEX.HTML](http://whsc.emory.edu/home/publications/health-sciences/community-benefits-2010/charity/index.html) FOR A CHART AGGREGATING A VARIETY OF COMMUNITY BENEFITS IN DOLLAR FIGURES, SEE [HTTP://WHSC.EMORY.EDU/HOME/PUBLICATIONS/HEALTH-SCIENCES/COMMUNITY-BENEFITS-2010/ECONOMIC-ENGINE.HTML](http://whsc.emory.edu/home/publications/health-sciences/community-benefits-2010/economic-engine.html) IN COMPARISON WITH OTHER HOSPITALS IN METRO ATLANTA AND THE SURROUNDING COMMUNITY, EMORY HEALTHCARE HOSPITALS ARE REFERRED A DISPROPORTIONATE NUMBER OF PATIENTS WITH EXTREMELY COMPLEX AND CHALLENGING CONDITIONS OTHER AREA HOSPITALS ROUTINELY REFER PATIENTS TO EMORY FOR WHOM THEY HAVE NO OTHER TREATMENT RECOURSE THESE "SICKEST-OF-THE-SICK" PATIENTS ARE NOT ONLY THE MOST CLINICALLY CHALLENGING BUT ALSO THE MOST COSTLY PATIENTS TO TREAT THEY INCLUDE PATIENTS WHO ARE EXTREMELY IMMUNOCOMPROMISED, PATIENTS WHO BENEFIT FROM THE SKILL OF CARE TEAMS AT WESLEY WOODS GERIATRIC HOSPITAL WHO ARE EXPERT IN WEANING PATIENTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

TS OFF VENTILATORS, AND PATIENTS LIKE ONE RECENTLY WHO WAS HOMELESS, HAD DEMENTIA, AND DID N'T KNOW HIS OWN IDENTITY AND WAS SIMPLY CARED FOR AT WESLEY WOODS FOR SEVERAL MONTHS UNTI L HIS IDENTITY COULD BE ESTABLISHED AND MEDICARE COVERAGE SECURED EMORY UNIVERSITY HOSPIT AL, IN PARTICULAR, IS NOTED AS A DESTINATION FOR PATIENTS IN THIS HIGH-ACUITY CATEGORY TH IS HOSPITAL HAS THE HIGHEST CASE-MIX INDEX OF ANY HOSPITAL IN THE UNIVERSITY HEALTH SYSTEM CONSORTIUM DATABASE, WHICH MEANS THAT ITS PATIENTS ARE AMONG THE SICKEST TREATED ANYWHERE IN THE COUNTRY AND INCLUDE PATIENTS ROUTINELY REFERRED FROM HOSPITALS THROUGHOUT ATLANTA AND THE REGION EMORY UNIVERSITY HOSPITAL ALSO PROVIDES SERVICES AND PROCEDURES AVAILABLE NOWHERE ELSE IN THE STATE, INCLUDING HIGHLY COMPLEX TRANSPLANT PROCEDURES, AMONG OTHERS E MORY UNIVERSITY HOSPITAL HELPS PIONEER, TEST, AND DEVELOP NEW PROCEDURES THAT EVENTUALLY M AKE THEIR WAY INTO THE BROADER COMMUNITY OF HEALTH CARE PROVIDERS IN ADDITION, IN PARTNER SHIP WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, EMORY UNIVERSITY HOSPITAL HAS A SPECIAL ISOLATION UNIT FOR THE CARE OF PATIENTS WITH SERIOUS COMMUNICABLE DISEASES-SUCH AS CDC EMPLOYEES WHO HAVE CONFIRMED, PROBABLE, OR SUSPECTED INFECTION WITH OR EXPOSURE TO PA THOGENS SUCH AS EBOLA, SMALLPOX, PNEUMONIC PLAGUE, OR SARS THAT ARE ASSOCIATED WITH HIGH I NFECTIVITY RATES EMORY UNIVERSITY HOSPITAL MIDTOWN, WHICH INCLUDES A LEVEL III NEONATAL I NTENSIVE CARE UNIT AMONG ITS OTHER ICUS, ALSO HAS A CASE-MIX INDEX THAT IS CONSIDERABLY HI GHER THAN THAT OF MOST COMMUNITY HOSPITALS IN PARTNERSHIP WITH THE ATLANTA POLICE DEPARTM ENT, EMORY UNIVERSITY HOSPITAL MIDTOWN HAS A MINI ATLANTA POLICE STATION PRECINCT ON ITS S ITE, WHICH HOUSES THIRTY SWORN POLICE EMPLOYEES WITH RESPONSIBILITY FOR PATROLLING MIDTOWN AND DOWNTOWN ATLANTA EUHM SPONSORS PERIODIC WORKDAYS DURING WHICH EMPLOYEES DO CLEAN-UP ACTIVITIES IN THE NEIGHBORHOOD AROUND EUHM EUHM ALSO COLLABORATES WITH STATE AGENCIES IN GEORGIA AND THE ROSWELL EMPLOYMENT AGENCY BRIGGS & ASSOCIATES ON PROJECT SEARCH TO TARGET HIGH SCHOOL SENIORS WITH DEVELOPMENTAL DISABILITIES FOR ONE-ON-ONE JOB TRAINING AND COACHI NG THESE YOUNG PEOPLE BECOME REGULAR EMPLOYEES, EARNING REGULAR WAGES EUHM RECEIVED THE "FREEDOM TO COMPETE" AWARD IN 2007 FROM THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION FOR IT S ROLE AS THE STARTING LOCATION FOR THIS PROGRAM

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE ORGANIZATION RECORDS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM PATIENTS NOT ABLE TO MAKE PAYMENTS FOR SERVICES. THE ALLOWANCE IS DETERMINED BY ANALYZING HISTORICAL DATA AND TRENDS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND COLLECTION EFFORTS CEASE. COST TO CHARGE RATIO IS USED TO DETERMINE THE COST ASSOCIATED WITH RENDERING SERVICES TO MEDICARE PATIENTS. ANY DISCOUNT ON A PATIENT ACCOUNT IS NOT CONSIDERED TO BE BAD DEBT. LIKEWISE ANY PAYMENTS RECEIVED ON ACCOUNTS ARE NOT CONTEMPLATED IN THE CALCULATION.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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 CHARITY CARE POLICY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

EMORY HEALTHCARE, INC HAS A 50% PARTNERSHIP INTEREST IN EMORY JOHNS CREEK HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

PART VI, LINE 4 EMORY DEFINES THE COMMUNITY IT SERVES BROADLY TO INCLUDE THE LOCAL METROPOLITAN ATLANTA AREA AND THE STATE OF GEORGIA EMORY IS ALSO ACTIVE THROUGHOUT THE COUNTRY AND THE GLOBAL COMMUNITY FOR MORE INFORMATION PLEASE SEE "COMMUNITY" AS FOUND ON THE WEBSITE AT [http //www.emoryhealthcare.org/community/index.html](http://www.emoryhealthcare.org/community/index.html) EMORY HEALTHCARE PARTICIPATES IN COUNTLESS LOCAL COMMUNITY EVENTS TO HELP RAISE FUNDING AND AWARENESS FOR IMPORTANT CAUSES A FEW OF THESE ARE ATLANTA HEART WALK, ATLANTA MOTOR SPEEDWAY, PEACHTREE ROAD RACE EMORY HEALTHCARE IS ALSO ACTIVELY INVOLVED IN THE COMMUNITY AND CHARITABLE ORGANIZATIONS AROUND THE GLOBE TO SEE A LIST OF ORGANIZATIONS WE SUPPORT PLEASE VISIT OUR WEBSITE AT [http //www.emoryhealthcare.org/community/georgia/community-service/org-anizations-we-support.html](http://www.emoryhealthcare.org/community/georgia/community-service/org-anizations-we-support.html)

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
EMORY HEALTHCARE INC

Employer identification number
58-2137993

Part I

Questions Regarding Compensation

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
FIRST CLASS OR CHARTER TRAVEL	FORM 990, SCHEDULE J, PART I, QUESTION 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.
TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	FORM 990, SCHEDULE J, PART I, QUESTION 1A	THE FOLLOWING TAX GROSS-UP PAYMENTS WERE MADE PURSUANT TO THE EMORY CLINIC, INC. RETIREMENT PLAN FOR PHYSICIANS: THE PLAN INCLUDES A CASH RETIREMENT CONTRIBUTION AND A TAX GROSS-UP INTENDED TO MAKE UP FOR THE FACT THAT THE CASH RETIREMENT CONTRIBUTION CAN NOT BE MADE ON A PRE-TAX BASIS. THE GROSS-UP PAYMENT IS MADE TO ALL PHYSICIAN RETIREMENT PLAN PARTICIPANTS/RECIPIENTS: CAUGHMAN \$3,697, FOX \$3,697, LARSEN \$3,697, LAWLEY \$3,697, LEON \$2,257, MELTZER \$738, SANFILIPPO \$645, BERGA \$2,776, BORNSTEIN \$6, JOHNS \$3,697, LEVEY \$2,480.
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	FORM 990, SCHEDULE J, PART I, QUESTION 1A	EMORY UNIVERSITY PAID \$5,267 IN CLUB DUES FOR JOHN T. FOX. EMORY UNIVERSITY PAID \$6,700 IN CLUB DUES FOR DR. MICHAEL M. E. JOHNS. EMORY UNIVERSITY PAID \$4,472 IN CLUB DUES FOR DR. S. WRIGHT CAUGHMAN. EMORY UNIVERSITY PAID \$8,076 IN CLUB DUES FOR MICHAEL J. MANDL. EMORY HEALTHCARE, INC. PAID \$5,271 IN CLUB DUES FOR JOHN T. FOX. THE EMORY CLINIC, INC. PAID \$2,236 IN CLUB DUES FOR DR. S. WRIGHT CAUGHMAN. THE EMORY CLINIC, INC. PAID \$6,980 IN CLUB DUES FOR DONALD I. BRUNN. THESE AMOUNTS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS. THE CLUB DUES FOR JOHN T. FOX REFLECT CLUB DUES PAID FOR CALENDAR YEARS 2008 AND 2009.
DEFERRED COMPENSATION	FORM 990, SCHEDULE J, Part I, QUESTION 4B AND PART II	FOR PURPOSES OF RETENTION, EMORY MADE A CONTRIBUTION OF \$1,032,600 TO JOHN T. FOX'S 457(F) DEFERRED COMPENSATION ACCOUNT, WHICH IS NOT VESTED AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. IN ADDITION, MR. FOX RECEIVED A VESTED DISTRIBUTION FROM A 457(F) ACCOUNT IN THE AMOUNT OF \$133,294, WHICH WAS RELATED TO AWARDS FROM PRIOR YEARS. FOR PURPOSES OF RETENTION, EMORY MADE A CONTRIBUTION OF \$90,750 TO MICHAEL J. MANDL'S 457(F) DEFERRED COMPENSATION ACCOUNT, WHICH IS NOT VESTED AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. IN ADDITION, FOR PURPOSES OF RETENTION, EMORY AND MR. MANDL ENTERED INTO A 457(F) DEFERRED COMPENSATION AGREEMENT, PURSUANT TO WHICH EMORY MADE AN AWARD OF \$547,000, WHICH IS NOT VESTED AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND WHICH IS REPORTED RATABLY OVER SEVEN YEARS.
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, QUESTION 4B	CERTAIN EMORY UNIVERSITY EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL RETIREMENT PLAN INTENDED TO MAKE UP FOR LIMITS ON COMPENSATION IN THE QUALIFIED RETIREMENT PLAN. MICHAEL J. MANDL - \$32,400.

Software ID:

Software Version:

EIN: 58-2137993

Name: EMORY HEALTHCARE INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR TIMOTHY BUCHMAN	(i)	227	0	0	0	0	227	0
	(ii)	221,572	25,000	674	10,125	8,314	265,685	0
DR S WRIGHT CAUGHMAN	(i)	0	0	0	0	0	0	0
	(ii)	592,156	0	40,480	23,350	17,696	673,682	0
JOHN T FOX SEE PART III	(i)	448,184	0	37,996	1,060,616	26,141	1,572,937	0
	(ii)	468,066	0	138,613	27,747	212	634,638	133,294
DR LUCKY JAIN	(i)	0	0	0	0	0	0	0
	(ii)	291,921	8,700	2,085	22,050	15,985	340,741	0
DR CHRISTIAN P LARSEN	(i)	0	0	0	0	0	0	0
	(ii)	641,595	0	34,740	23,350	17,620	717,305	0
DR THOMAS J LAWLEY	(i)	0	0	0	37,258	0	37,258	0
	(ii)	710,156	0	33,693	27,927	15,320	787,096	0
DR ANGEL LEON	(i)	0	0	0	0	0	0	0
	(ii)	582,864	0	20,279	18,100	8,483	629,726	0
MICHAEL J MANDL PART III	(i)	0	0	0	0	0	0	0
	(ii)	599,624	0	97,111	190,943	14,717	902,395	41,636
DR CAROLYN MELTZER	(i)	0	0	0	0	0	0	0
	(ii)	587,194	0	6,488	23,350	13,427	630,459	0
DR FRED SANFILIPPO	(i)	400,536	0	9,300	32,212	15,925	457,973	0
	(ii)	519,838	0	15,079	26,881	9,580	571,378	0
JANE JORDAN CASAVANT	(i)	18,128	0	0	0	0	18,128	0
	(ii)	245,354	0	0	22,050	4,307	271,711	0
WILLIAM APICELLI	(i)	212,072	23,660	409	19,149	12,611	267,901	0
	(ii)	0	0	0	0	0	0	0
DEDRA L CANTRELL	(i)	260,725	38,863	883	25,056	12,126	337,653	0
	(ii)	0	0	0	0	0	0	0
SHARI CAPERS	(i)	165,767	28,981	797	14,502	20,047	230,094	0
	(ii)	68,117	0	75	6,369	0	74,561	0
SHAWN PATRICK HAMMOND	(i)	230,488	33,972	555	12,893	20,038	297,946	0
	(ii)	12,546	0	48	6,507	0	19,101	0
UNA E HUTTON NEWMAN	(i)	140,418	22,772	151,374	18,867	10,672	344,103	0
	(ii)	15,830	0	16,797	4,687	0	37,314	0
DR SARA L BERGA	(i)	0	0	0	0	0	0	0
	(ii)	465,255	0	22,631	23,350	6,591	517,827	0
DR WILLIAM BORNSTEIN	(i)	0	0	0	33,252	0	33,252	0
	(ii)	349,863	2,561	2,524	6,222	20,441	381,611	0
DONALD I BRUNN	(i)	0	0	0	24,971	0	24,971	0
	(ii)	408,477	0	9,686	4,900	24,172	447,235	0
DALLIS HOWARD CROW	(i)	328,422	0	4,690	13,237	17,493	363,842	0
	(ii)	0	0	0	0	0	0	0
SUSAN GRANT	(i)	0	0	0	17,908	0	17,908	0
	(ii)	321,072	75,000	24,117	4,900	19,095	444,184	0
JAMES T HATCHER	(i)	0	0	0	23,908	0	23,908	0
	(ii)	345,994	0	1,342	4,900	16,701	368,937	0
DR MICHAEL M E JOHNS	(i)	49,231	0	0	0	0	49,231	0
	(ii)	537,977	0	55,680	23,350	14,792	631,799	0
RONNIE L JOWERS	(i)	124,650	0	1,305	26,166	11,885	164,006	0
	(ii)	309,181	0	1,044	22,762	6,486	339,473	0
DR ALLAN I LEVEY	(i)	0	0	0	0	0	0	0
	(ii)	466,405	0	20,340	23,350	17,462	527,557	0
DR BARBARA J STOLL	(i)	0	0	0	0	0	0	0
	(ii)	204,162	0	2,374	18,712	15,995	241,243	0
GARY TEAL	(i)	0	0	0	3,307	0	3,307	0
	(ii)	270,848	41,694	0	21,566	13,821	347,929	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
EMORY HEALTHCARE INC

Employer identification number

58-2137993

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-2137993

Name: EMORY HEALTHCARE INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN D LAWLEY	FAMILY MEMBER OF DIRECTOR	89,627	EMPLOYEE OF EMORY UNIVERSITY		No
LESLIE LAWLEY	FAMILY MEMBER OF DIRECTOR	174,497	EMPLOYEE OF EMORY UNIV&CLINIC		No
RACHEL LAWLEY	FAMILY MEMBER OF DIRECTOR	46,445	EMPLOYEE OF EMORY UNIVERSITY		No
JANET SANFILIPPO	FAMILY MEMBER OF DIRECTOR	117,272	EMPLOYEE OF EMORY UNIVERSITY		No
PAMELA K ALLEN	FAMILY MEMBER OF DIRECTOR	25,281	EMPLOYEE OF EMORY UNIVERSITY		No
MICHAEL M JOHNS	FAMILY MEM OF FORMER DIR	251,599	EMPLOYEE OF EMORY UNIV&CLINIC		No
SHABNAM JAIN	FAMILY MEMBER OF DIRECTOR	155,297	EMPLOYEE OF EMORY UNIVERSITY		No
CAROLYN KATZEN	FAMILY MEMBER OF DIRECTOR	287,479	EMPLOYEE OF EMORY UNIVERSITY		No
CAROL HATCHER	FAMILY MEM OF FORMER OFF	18,579	EMPLOYEE OF EMORY UNIVERSITY		No
GEORGE H GRANT	FAMILY MEM OF FORMER OFF	111,452	EMPLOYEE OF EMORY UNIVERSITY		No
IVEY MILTON	FAMILY MEM OF FORMER OFF	26,754	EMPLOYEE OF EMORY UNIV&HEALTHC		No
CHRISTOPHER RYAN JOWERS	FAMILY MEM OF FORMER OFF	72,645	EMPLOYEE OF EMORY UNIVERSITY		No
JONATHAN MILTON	FAMILY MEM OF FORMER OFF	40,467	EMPLOYEE OF EMORY UNIVERSITY		No
ANDREW TEAL	FAMILY MEM OF FORMER OFF	38,622	EMPLOYEE OF EMORY UNIVERSITY		No
ASHLEY TEAL	FAMILY MEM OF FORMER OFF	36,987	EMPLOYEE OF EMORY UNIVERSITY		No
GEORGIA POWER COMPANY	BOARD MEMBER IS TRUSTEE	28,366,309	UTILITIES		No
GENERAL ELECTRIC COMPANY	BOARD MEM IS V CHAIRMAN	21,194,562	MEDICAL SUPPLIES & EQUIPMENT		No
JOHNSON JOHNSON	FRMR BRD MEM IS DIRECTOR	6,470,088	MEDICAL SUPPLIES		No
AMN HEALTHCAREINC	FRMR BRD MEM IS DIRECTOR	192,823	STAFFING & MANAGED SERVICES		No
DEPUY	DIR IS DIR OF PARENT CO	1,021,867	MEDICAL SUPPLIES		No
VISTAKON	DIR IS DIR OF PARENT CO	146,713	VISION CARE		No
MENTOR WORLDWIDELLC	DIR IS DIR OF PARENT CO	345,428	MEDICAL SUPPLIES		No
INTERPARK INC	DIR IS OFF OF PARENT CO	141,880	PARKING COUPON BOOKS		No
DATEX OHMEDA	DIR IS OFF OF PARENT CO	862,767	MEDICAL SUPPLIES		No
IKON FINANCIAL SERVICES	DIR IS OFF OF PARENT CO	173,457	DOCUMENT MGMT SYSTEMS SERVICES		No
VITAL SIGNS INC	DIR IS OFF OF PARENT CO	11,989	MEDICAL SUPPLIES		No
ACCLARENT	DIR IS DIR OF PARENT CO	46,385	MEDICAL SUPPLIES		No
ORKIN INC	DIR IS DIR OF PARENT CO	556,617	PEST CONTROL SERVICES		No

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2009**Open to Public
Inspection****Name of the organization**
EMORY HEALTHCARE INC**Employer identification number**

58-2137993

Identifier	Return Reference	Explanation
MEMBERS AND DECISIONS OF THE GOVERNING BODY	Form 990, Part VI, Section A, QuestionS 7A AND 7b	THE EMORY HEALTHCARE, INC ("EMORY HEALTHCARE") ARTICLES AND BYLAWS MAY NOT BE AMENDED WITHOUT THE APPROVAL OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF EMORY UNIVERSITY, BASED ON THE RECOMMENDATION OF ITS ROBERT W WOODRUFF HEALTH SCIENCES CENTER BOARD (THE "WOODRUFF BOARD"), A SUBCOMMITTEE OF THE EMORY UNIVERSITY BOARD OF TRUSTEES In addition, Emory Healthcare 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 (a) organize any subsidiary corporation or enter into any joint venture or partnership, (b) adopt a plan of liquidation or dissolution, or file a voluntary petition in bankruptcy, (c) enter into any transaction providing for the sale, mortgage or other disposition of all or substantially all of the assets of Emory Healthcare, (d) adopt a plan of reorganization or of merger or consolidation with another corporation, (e) incur any single item of indebtedness in excess of \$500,000, (f) adopt or amend any long-range plan, or (g) 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 Emory Healthcare is also required to deliver to the Woodruff Board an annual report of the financial affairs of Emory Healthcare for the period concerned, including a statement of the assets and liabilities of Emory Healthcare, a statement of the receipts and distributions of Emory Healthcare, a statement of its then-current investment portfolio, and such other information as the directors of Emory Healthcare or the Trustees of the Woodruff Board deem appropriate and helpful

Identifier	Return Reference	Explanation
PROCESS USED TO REVIEW FORM 990	Form 990, Part VI, Section B, Question 11	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 and gave them an opportunity to make comments Management updated the Form 990 for all comments received and finalized the return

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	Form 990, Part VI, Section B, Question 12c	Emory Healthcare, Inc '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 Board of directors, as necessary IF THE CONFLICT OF INTEREST COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MAY MAKE A PRESENTATION TO SUCH 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 TRUSTEES WITH RELATED BUSINESS INTERESTS VOTED ON BUSINESS DECISIONS INVOLVING THEIR COMPANIES

Identifier	Return Reference	Explanation
DETERMINATION OF COMPENSATION	Form 990, Part VI, Section B, Question 15b	EMORY HEALTHCARE, INC ("EMORY HEALTHCARE") HAS A COMPENSATION AND BENEFITS COMMITTEE COMPRISED OF FOUR INDEPENDENT, NON-EMPLOYEE MEMBERS OF THE EMORY HEALTHCARE BOARD OF DIRECTORS EACH YEAR, THE COMMITTEE REVIEWS MARKET DATA COMPILED BY AN INDEPENDENT CONSULTING FIRM 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 EMORY HEALTHCARE 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 THESE DECISIONS ARE THEN SUBJECT TO APPROVAL BY THE EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST COMMITTEE OF THE EMORY UNIVERSITY BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	Form 990, Part VI, Section C, Question 19	Generally, Emory Healthcare, Inc does not make its governing documents or its conflict of interest policy available to the public. However, Emory Healthcare, Inc 's Articles of Incorporation are publicly available through Georgia's Secretary of State Website. Emory Healthcare, Inc 's financial statements are available to the public via the annual form 990 tax return.

Identifier	Return Reference	Explanation
NUMBER OF HOURS WORKED AT RELATED ORGANIZATIONS	FORM 990, PART VII, COLUMN B	AVERAGE NUMBER OF HOURS WORKED AT RELATED ORGANIZATIONS J DAVID ALLEN - 3 HOURS ELLEN A BAILEY - 4 HOURS DR TIMOTHY BUCHMAN - 59 HOURS DR S WRIGHT CAUGHMAN - 50 HOURS JOHN T FOX - 36 HOURS RUSSELL R FRENCH - 2 HOURS CHARLES B GINDEN - 1 HOUR JOHN T GLOVER - 3 HOURS ROBERT C GODDARD III - 1 HOUR DR LUCKY JAIN - 61 HOURS DR CHRISTIAN P LARSEN - 61 HOURS DR THOMAS J LAWLEY - 64 HOURS DR ANGEL LEON - 60 HOURS MICHAEL J MANDL - 65 HOURS DR CAROLYN MELTZER - 61 HOURS GEORGE D OVEREND - 3 HOURS J NEAL PURCELL - 3 HOURS JOHN G RICE - 1 HOUR DR FRED SANFILIPPO - 50 HOURS JANE JORDAN CASAVANT - 30 HOURS DR SARA L BERGA - 61 HOURS DR WILLIAM BORNSTEIN - 57 HOURS DONALD I BRUNN - 60 HOURS SUSAN GRANT - 50 HOURS JAMES T HATCHER - 50 HOURS DR MICHAEL M E JOHNS - 65 HOURS RONNIE L JOWERS - 35 HOURS DR ALLAN I LEVEY - 61 HOURS DR BARBARA J STOLL - 61 HOURS GARY TEAL - 30 HOURS

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	BOARD MEMBERS J DAVID ALLEN AND RUSSELL R FRENCH WERE BOTH BOARD MEMBERS OF ATLANTIC CAPITAL BANCSHARES, INC AND ATLANTIC CAPITAL BANK BOARD MEMBERS ROBERT C GODDARD III AND RUSSELL R FRENCH WERE BOTH BOARD MEMBERS OF POST PROPERTIES, INC

Identifier	Return Reference	Explanation
Identification of related organizations taxable as a corporation	Schedule R, Part IV	(a)Name, address, and EIN of related organization The Clifton Casualty Insurance Company LTD (no EIN - foreign) PO BOX 1051 23 LIME TREE BAY AVENUE GRAND CAYMAN, CAYMAN ISLANDS KY 1-1102 CJ (b)Primary Activity Captive Insurance Co (c)Legal domicile (state or foreign country) Cayman Islands (d)Direct controlling entity Emory Healthcare, Inc

Identifier	Return Reference	Explanation
Primary Activity of Related Tax-Exempt Organizations	Schedule R, Part II, Column B	Emory University- Education The Emory Clinic, Inc - MD Medical Practice Emory-Children's Center, Inc - Pediatric MD Practice Emory Medical Laboratories, Inc - MD Care Practice Wesley Woods Center of Emory University, INC - Medical Services EMORY MEDICAL CARE FOUNDATION, INC - MEDICAL EDUCATION & RESEARCH

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, QUESTION 4A	<p>Emory Healthcare, Inc (Emory Healthcare) 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. Emory Healthcare is at the forefront of medicine, putting cutting-edge interventional research and technology into lifesaving action. As the largest, most comprehensive health care system in Georgia, Emory Healthcare has 1,508 licensed patient beds, 11,682 employees and more than 20 health centers located throughout Metro Atlanta. Emory Healthcare, Inc coordinates the provision of needed medical care to its community regardless of any individual's ability to pay. Programs include marketing, information services, managed care, credentialing, risk & insurance, strategic planning, community relations and human resources. Charity Care. During FY 2010, Emory Healthcare physicians provided \$ 63.5 million in charity care, a total that does not include uncompensated care provided by Emory physicians practicing at publicly funded Grady Memorial Hospital and other affiliate institutions. Under Emory Healthcare policies, "charity care" refers to indigent care (that provided to patients with no health insurance, not even Medicare or Medicaid) and catastrophic care (that provided without charge to patients who have some coverage but whose medical bills are so enormous that to pay them would be permanently life-shattering). The \$63.5 million represents the cost of providing charity care, based on actual expenses to Emory Healthcare. Cost reporting is now standard for calculating charity care totals, as required by the IRS and advocated by the Healthcare Financial Management Association and the Catholic Health Association. EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT http://www.hsc.emory.edu/home/publications/health-sciences/community-benefits-2010/index.html. An abridged version of the Woodruff Health Sciences Center Community Benefits Report follows.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, QUESTION 4A - CONTINUED	<p>CARE, COMPASSION, SERVICE FOR MANY GEORGIANS, THIS PAST YEAR WAS ESPECIALLY HARD UNEMPLOYMENT CONTINUED ABOVE THE NATIONAL AVERAGE SIX OF THE 10 COUNTIES WITH THE HIGHEST RATE OF BANKRUPTCY FILINGS IN THE NATION WERE IN GEORGIA, MOST LOCATED IN OR AROUND ATLANTA THE STATE HAD THE FIFTH-HIGHEST NUMBER OF MEDICALLY UNINSURED PEOPLE IN THE UNITED STATES ALMOST ONE IN FIVE ADULTS UNDER 65, ONE IN 10 OF THOSE UNDER 18, FIGURES GEORGIA ECONOMISTS EXPECT TO RISE WHEN NEW CENSUS FIGURES ARE RELEASED OTHER GEORGIANS HAD SOME INSURANCE - BUT NOT ENOUGH TO COVER THE ILLNESS OR INJURY THAT BROUGHT THEM TO THEIR FINANCIAL KNEES WHILE EVERY HOSPITAL IN GEORGIA FELT THE IMPACT OF THIS CRISIS, EMORY HEALTHCARE IS REFERRED A DISPROPORTIONATE NUMBER OF PATIENTS WITH EXTREMELY COMPLEX AND CHALLENGING ILLNESSES, CASES THAT IN MANY INSTANCES HAVE ALREADY USED UP THE FAMILY'S RESOURCES AND THE LIMITS OF ANY INSURANCE COVERAGE THEY MIGHT HAVE HAD THESE PATIENTS, LIKE ALL WHO ENTER THE DOORS OF EMORY'S HOSPITALS AND CLINICS, RECEIVE THE BEST AND MOST COMPASSIONATE CARE POSSIBLE FROM A HEALTH SYSTEM THAT PUTS SERVICE AHEAD OF REIMBURSEMENT HERE THEY FOUND A NURTURING ENVIRONMENT IN WHICH THEY AND THEIR FAMILIES RECEIVED THE FINEST CUTTING-EDGE, COMPASSIONATE CARE AVAILABLE, REGARDLESS OF THEIR ABILITY TO PAY FOR EMORY'S WOODRUFF HEALTH SCIENCES CENTER (WHSC), THE FIRST AND LAST WORD IN ALL THAT WE DO IS "PEOPLE", AND IN THESE CHALLENGING TIMES, CONCERN FOR THE PEOPLE WE SERVE MOTIVATES AND INSPIRES US MORE THAN EVER THE CURRENT RECESSION HAS BEEN CHALLENGING FOR THE WHSC, AS IT HAS FOR SO MANY OTHER INSTITUTIONS AND INDIVIDUALS BUT WHEN YOUR GOAL IS SERVING PEOPLE IN NEED, DOING LESS IS NEVER AN OPTION INSTEAD WE EXERCISE CAUTION AND CREATIVITY - OPERATING AS LEANLY AND EFFICIENTLY AS POSSIBLE AND INNOVATING PROCESSES THAT ALLOW US TO USE OUR RESOURCES WISELY AND CONTINUE TO DELIVER ON OUR LIFESAVING MISSION</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, QUESTION 4A - CONTINUED	<p>CHARITY CARE AT EMORY HEALTHCARE IN FISCAL YEAR 2009-2010, EMORY HEALTHCARE (EHC) PHYSICIANS PROVIDED \$63.5 MILLION IN CHARITY CARE, A NUMBER THAT APPEARS LIKELY TO KEEP RISING. WHAT IS CHARITY CARE? UNDER EHC POLICIES, CHARITY CARE ENCOMPASSES INDIGENT CARE (FOR PATIENTS WITH NO HEALTH INSURANCE, NOT EVEN MEDICAID OR MEDICARE, AND NO RESOURCES OF THEIR OWN) AND CATASTROPHIC CARE (FOR PATIENTS WHO MAY HAVE SOME COVERAGE BUT WHOSE HEALTH CARE BILLS ARE SO BIG THAT TO PAY THEM WOULD BE IMPOSSIBLE OR, IF POSSIBLE, WOULD LEAVE THEIR LIVES FURTHER SHATTERED). IN ADDITION TO CHARITY CARE, EHC PROVIDES NUMEROUS OTHER COMMUNITY SERVICES WHOSE GOAL IS TO IMPROVE ACCESS TO CARE, ADVANCE MEDICAL KNOWLEDGE, AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS. THIS YEAR MARKS EHC'S INAUGURAL EFFORT TO QUANTIFY AND REPORT THE VALUE OF SUCH SERVICES. IN FISCAL YEAR 2009-2010, THIS TOTAL FOR EHC WAS \$56.4 MILLION. AS AN ACADEMIC MEDICAL CENTER, EMORY HAS THE EXPERTISE TO TREAT THE SICKEST OF THE SICK - AS A RESULT, A DISPROPORTIONATE NUMBER OF PATIENTS WITH EXTREMELY COMPLEX AND CHALLENGING ILLNESSES ARE REFERRED HERE. THEY COME FROM NEARBY AND FROM LOCALES ACROSS THE STATE. CARING FOR THESE PATIENTS REQUIRES NOT ONLY MORE EXPERTISE BUT ALSO CONSIDERABLY MORE RESOURCES. CARING FOR CHILDREN: EMORY'S 250-PLUS PEDIATRIC SPECIALISTS ARE AN IMPORTANT PART OF THE SAFETY NET FOR GEORGIA'S YOUNGEST AND MOST VULNERABLE. IT'S A NET THAT SPREADS WIDE. EMORY-CHILDREN'S CENTER (ECC), A JOINT VENTURE BETWEEN EMORY HEALTHCARE AND CHILDREN'S HEALTHCARE OF ATLANTA, IS THE LARGEST PEDIATRIC MULTI-SPECIALTY GROUP PRACTICE IN GEORGIA. IN ADDITION TO PROVIDING ALMOST 50,000 OUTPATIENT SERVICES IN THE PAST YEAR THROUGHOUT THE STATE, EMORY PEDIATRICIANS PROVIDE MOST OF THE INPATIENT CARE AT CHILDREN'S HEALTHCARE AT EGGLESTON ON EMORY'S CAMPUS AND A SUBSTANTIAL PORTION OF INPATIENT CARE AT CHILDREN'S AT HUGHES SPALDING HOSPITAL ON THE CAMPUS OF THE PUBLICLY OWNED GRADY MEMORIAL HOSPITAL. EMORY PEDIATRICIANS ALSO CARE FOR SICK NEWBORNS AND OTHER HIGH-RISK BABIES AT THE EMORY REGIONAL PERINATAL CENTER AT GRADY AND IN THE NEONATAL INTENSIVE CARE UNIT AT EMORY UNIVERSITY HOSPITAL MIDTOWN. EMORY'S PEDIATRIC SAFETY NET IS ALSO ONE THAT GEORGIA FAMILIES INCREASINGLY NEED. THE LARGEST PROPORTION OF CHILDREN SEEN BY EMORY PEDIATRIC SPECIALISTS (56%) ARE COVERED BY MEDICAID, WHICH REIMBURSES AT A RATE FAR BELOW WHAT IT ACTUALLY COSTS EMORY TO PROVIDE CARE, EVEN LESS THAN REIMBURSEMENT FOR ADULT CARE. ANOTHER SIGNIFICANT PORTION OF PATIENTS SEEN BY EMORY PEDIATRICIANS ARE REFERRED TO AS "SELF-PAY", BUT IN REALITY FREQUENTLY THIS MEANS THAT THEY SIMPLY CAN'T PAY. BASED ON THE MOST RECENT CENSUS FIGURES AVAILABLE, MORE THAN ONE OUT OF NINE GEORGIA CHILDREN - THE VAST MAJORITY LIVING IN HOMES WHERE AT LEAST ONE PARENT WORKS - HAS NO HEALTH INSURANCE WHATSOEVER. WHETHER PATIENTS ARE COVERED OR NOT, HOWEVER, IS A DISTINCTION NOTED ONLY IN THE BUSINESS OFFICE. ALL THAT EMORY PEDIATRICIANS SEE ARE SICK CHILDREN WHO NEED THE EXPERTISE THEY CAN PROVIDE. SERVING THE ELDERLY AND CHRONICALLY ILL: WHAT EMORY'S WESLEY WOODS CENTER DOES EXTRAORDINARILY WELL ALSO MAKES THE GERIATRIC CENTER A NONPROFIT POSTER CHILD - MEETING THE NEEDS OF PATIENTS IN THEIR 70'S, 80'S, 90'S OR BEYOND AS WELL AS THOSE OF YOUNGER PATIENTS REQUIRING EXTENSIVE WOUND CARE, REHAB, OR RESPIRATORY CARE. MANY PATIENTS ARE ABLE TO PAY FOR SERVICES, BUT AN INCREASING NUMBER ARE EITHER INELIGIBLE FOR FEDERAL OR STATE PROGRAMS OR HAVE ALREADY REACHED THE LIMITS OF ANY COVERAGE OR PERSONAL RESOURCES THEY ONCE HAD. FOR MORE AND MORE OF THE 30,000 PATIENTS SEEN EVERY YEAR AT WESLEY WOODS HOSPITAL, OUTPATIENT CLINIC, AND NURSING CARE FACILITIES, REIMBURSEMENT FALLS SHORT, OFTEN FAR SHORT, OF THE ACTUAL COSTS OF PROVIDING SERVICES. DURING FISCAL YEAR 2009-2010, EXPENSES AT WESLEY WOODS CENTER EXCEEDED REVENUE BY \$6.2 MILLION, A "NEGATIVE INCREASE OF 38% OVER THE PREVIOUS YEAR. WHILE NEXT YEAR IS EXPECTED TO BE EVEN WORSE FROM AN ECONOMIC POINT OF VIEW, CLINICIANS AT WESLEY WOODS EXPECT TO CONTINUE TO SERVE AS THE SAME SOURCE OF COMPASSION AND HOPE FOR THEIR PATIENTS THAT THEY ALWAYS HAVE. HELPING TRANSFORM GRADY AND THE LIVES OF ITS PATIENTS: LAST YEAR, EMORY PHYSICIANS PROVIDED MORE THAN \$22.3 MILLION IN UNCOMPENSATED CARE AT PUBLICLY FUNDED GRADY MEMORIAL HOSPITAL, WHERE EMORY MEDICAL FACULTY ARE RESPONSIBLE FOR 85% OF PHYSICIAN CARE. AS MORE AND MORE ATLANTANS LOST JOBS AND INSURANCE DURING THE MOUNTING FINANCIAL CRISIS, THE HOSPITAL'S HISTORICAL ROLE AS A "SAFETY NET" FOR THE COMMUNITY BECAME EVEN MORE CRITICAL. JUST TWO YEARS AGO, THE 118-YEAR-OLD HOSPITAL WAS ON THE VERGE OF FINANCIAL COLLAPSE, WHICH WOULD HAVE BEEN A DISASTER NOT ONLY FOR GRADY'S PATIENTS AND THEIR FAMILIES BUT ALSO FOR THE CITY'S HEALTH SYSTEM AND ITS OVERALL ECONOMY. IN RECENT MONTHS, HOWEVER, NEW LEADERSHIP AT GRADY AND FINANCIAL SUPPORT FROM THE COMMUNITY - INCLUDING A \$20 MILLION DEBT FORGIVENESS ON THE PART OF</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, QUESTION 4A - CONTINUED	<p>F EMORY - STARTED PAYING OFF DESPITE A 7% INCREASE IN UNINSURED PATIENTS, A CUT IN STATE TRAUMA FUNDING, AND A 25% INCREASE IN INDIGENT AND CHARITY CARE, GRADY IS OPERATING IN THE BLACK FOR THE FIRST TIME IN YEARS EMORY MEDICAL FACULTY - AND THEIR WILLINGNESS TO PROVIDE VAST AMOUNTS OF UNREIMBURSED CARE - MAKE POSSIBLE THE STAGGERING NUMBER OF PATIENTS SEEN AT GRADY 26,700 ADMISSIONS AND 616,271 OUTPATIENT AND EMERGENCY SERVICES LAST YEAR ANY PAYMENTS EMORY PHYSICIANS DO RECEIVE GO TO THE EMORY MEDICAL CARE FOUNDATION, WHICH INVESTS EVERY CENT TO SUPPORT EMORY'S PATIENT SERVICES AT GRADY IN FISCAL YEAR 2009-2010, THIS MEANT \$36 MILLION WAS USED TO UPGRADE EQUIPMENT AND SUPPORT VITAL SERVICES PROVIDED BY EMORY DOCTORS WORKING AT THE HOSPITAL EMORY AND THE ATLANTA VA MEDICAL CENTER EMORY AND THE ATLANTA VA MEDICAL CENTER SHARE BACK-TO-BACK CAMPUSES, A PARTNERSHIP THAT STRETCHES OVER SIX DECADES, AND A COMMITMENT TO GIVE VETERANS THE QUALITY OF HEALTH CARE THEY DESERVE, DESIRE, AND NEED SOME 250 EMORY PHYSICIANS ALONG WITH 142 FULL-TIME EQUIVALENT RESIDENTS PROVIDE PHYSICIAN CARE AT THE FACILITY, WHICH HAS 165 HOSPITAL BEDS AND 120 NURSING HOME BEDS EMORY SCIENTISTS HAVE MADE THE ATLANTA VA MEDICAL CENTER ONE OF THE NATION'S TOP VA CENTERS FOR RESEARCH THAT IS DIRECTED AT SOME OF THE MOST SERIOUS PROBLEMS FACED BY VETERANS LAST YEAR, EMORY-DIRECTED RESEARCH FUNDING TOTALED \$29 MILLION AND INVOLVED MORE THAN 500 PROJECTS COVERING AREAS RANGING FROM DIABETES AND DRUG ADDICTION TO CANCER, HIV/AIDS, DEPRESSION, HYPERTENSION, AND DEMENTIA FINANCIAL COMMITMENTS IN EDUCATION STUDENT ENROLLMENT IN SCHOOLS WITHIN EMORY'S WOODRUFF HEALTH SCIENCES CENTER (WHSC) HAS NEVER BEEN HIGHER PUBLIC HEALTH AND MEDICINE EACH HAS ITS LARGEST ENTERING CLASS EVER NURSING HAS THE LARGEST GROUP OF MASTER'S STUDENTS IN HISTORY, AND APPLICANTS TO ITS SIX NURSE PRACTITIONER PROGRAMS HAVE GROWN BY DOUBLE - AND TRIPLE-DIGIT PERCENTAGES OVER THE PREVIOUS YEAR - IN PEDIATRIC ACUTE AND PRIMARY CARE, ALONE, FOR EXAMPLE, APPLICANTS INCREASED, RESPECTIVELY, BY 71% AND 112% EMORY HEALTHCARE INVESTS MILLIONS EACH YEAR IN THE WHSC'S TEACHING AND RESEARCH MISSIONS, INCLUDING \$83.1 MILLION IN FISCAL YEAR 2009-2010 WHILE EMORY IS DOING ITS PART TO EASE THE SHORTAGE OF PHYSICIANS AND OTHER HEALTH CARE PROVIDERS IN THIS COUNTRY, THE FOCUS REALLY IS MORE ON QUALITY THAN QUANTITY THE GOAL IS TO PRODUCE STUDENTS WHO WILL BE LEADERS IN MAKING HEALTH CARE MORE COST-EFFECTIVE, ACCESSIBLE, FOCUSED ON PREVENTION, AND ORIENTED TO THE NEEDS OF SOCIETY AS A WHOLE AND TO INDIVIDUAL PATIENTS AND THEIR FAMILIES LEARNING A HEALTH PROFESSION IS A VERY COSTLY PROPOSITION, WHICH IS WHY THE WOODRUFF HEALTH SCIENCE CENTER INVESTED 23.1% OF ITS TUITION INCOME IN FINANCIAL AID FOR STUDENTS LAST YEAR FOR FISCAL YEAR 2009-2010, THIS AMOUNT TOTALED \$15.1 MILLION</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, QUESTION 4A - CONTINUED	<p>A POWERFUL ECONOMIC ENGINE LAST MAY, THE SCIENCE COALITION RELEASED A REPORT DEMONSTRATING THE LINK BETWEEN FEDERALLY FUNDED RESEARCH AND ECONOMIC GROWTH TO ILLUSTRATE THIS POINT, THE REPORT HIGHLIGHTED FOUR HEALTH-RELATED EMORY START-UP COMPANIES AMONG ITS 100 "SUCCESS STORIES", ALONG WITH SUPERSTARS LIKE GOOGLE, GENENTECH, AND CISCO SYSTEMS THE FOUR COMPANIES CITED IN THE REPORT ARE AMONG 51 LAUNCHED AT EMORY OVER THE PAST DECADE OVER THE PAST TWO DECADES, THE WOODRUFF HEALTH SCIENCES CENTER (WHSC) HAS HELPED EMORY BRING MORE THAN \$788 MILLION INTO THE STATE IN LICENSING REVENUES FROM DRUGS, DIAGNOSTICS, DEVICES, AND CONSUMER PRODUCTS MORE THAN 50 PRODUCTS CURRENTLY IN VARIOUS STAGES OF DEVELOPMENT OR REGULATORY APPROVAL, WITH 27 HAVING REACHED THE MARKETPLACE AND 12 MORE IN HUMAN CLINICAL TRIALS IN THE PAST YEAR ALONE, EMORY ATTRACTED \$535.1 MILLION IN RESEARCH FUNDING, \$500.7 MILLION OF WHICH WAS IN HEALTH SCIENCES CLEARLY, THE WHSC IS AN ECONOMIC DRIVER FOR ATLANTA, THE STATE, AND THE REGION WITH ALMOST 18,000 EMPLOYEES, WHSC MAKES EMORY THE LARGEST EMPLOYER IN DEKALB COUNTY AND THE THIRD LARGEST PRIVATE EMPLOYER IN METRO ATLANTA WITH \$2.5 BILLION IN EXPENDITURES FOR FISCAL YEAR 2009-2010, THE WHSC HAS AN ESTIMATED ECONOMIC IMPACT ON METRO ATLANTA OF \$5.8 BILLION VALUE TO THE COMMUNITY IN ADDITION TO PROVIDING CHARITY CARE, EMORY'S WOODRUFF HEALTH SCIENCES CENTER (WHSC) BENEFITED THE COMMUNITY IN MANY OTHER WAYS IN FISCAL YEAR 2009-2010 TOTAL AMOUNT WAS \$380.0 MILLION AS FOLLOWS \$63.5 MILLION - COSTS OF CHARITY CARE PROVIDED BY EMORY HEALTHCARE \$15.1 MILLION - FINANCIAL AID PROVIDED TO STUDENTS FROM TUITION INCOME \$83.1 MILLION - EMORY HEALTHCARE INVESTMENT IN WHSC TEACHING AND RESEARCH \$2.0 MILLION - COSTS OF EMERGENCY PREPAREDNESS PLANNING AND EDUCATIONAL PROGRAMS FOR THE PUBLIC, FUTURE HEALTH PROFESSIONALS, AND PATIENTS \$54.4 MILLION - SHORTFALL BETWEEN EHC'S COST TO PROVIDE CARE TO MEDICAID PATIENTS AND MEDICAID REIMBURSEMENT, PLUS GEORGIA PROVIDER TAX TOTAL PAID BY EHC \$103.6 MILLION - CASH LOSS FOR UNRECOVERED COSTS FOR WHSC RESEARCH \$22.3 MILLION - UNREIMBURSED CARE PROVIDED AT GRADY HOSPITAL \$36.0 MILLION - INVESTMENT OF EMORY MEDICAL CARE FOUNDATION IN SERVICES AT GRADY</p>

Identifier	Return Reference	Explanation
SCHEDULE H - MANAGEMENT COMPANIES AND JOINT VENTURES	SCHEDULE H, PART IV, LINE 1(A)	EHCA JOHNS CREEK HOLDINGS, LLC

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EMORY HEALTHCARE INC

Employer identification number
58-2137993

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Emory Specialty Associates LLC 201 Dowman Drive Atlanta, GA 30322 20-4700877	MD PRACTICE	GA	56,131,909	5,112,893	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EMORY UNIVERSITY 201 dowman drive atlanta, GA 30322 58-0566256	SCHEDULE O	GA	501(C)(3)	2	na
THE EMORY CLINIC INC 1365 clifton road NE atlanta, GA 30322 58-2030692	SCHEDULE O	GA	501(C)(3)	9	na
EMORY-CHILDREN'S CENTER INC 2015 uppergate dr ne atlanta, GA 30322 58-2298500	SCHEDULE O	GA	501(C)(3)	9	na
EMORY MEDICAL LABORATORIES INC 201 dowman drive atlanta, GA 30322 01-0553460	SCHEDULE O	GA	501(C)(3)	3	na
WESLEY WOODS CENTER OF EMORY UNIVERSITY 1821 clifton road atlanta, GA 30322 58-1529366	SCHEDULE O	GA	501(C)(3)	3	na
EMORY MEDICAL CARE FOUNDATION INC 1648 PIERCE DRIVE ATLANTA, GA 30322 58-1537752	SCHEDULE O	GA	501 (C)(3)	9	NA

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?	
							Yes	No		Yes	No

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
see schedule o	SCHEDULE O		see sch o	SCHEDULE O	19,620,942	156,663,584	100 000 %

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

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

(a)

Name of other organization

(b)

Transaction type(a-r)

(c)

Amount involved

(1)

(2)

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:
Software Version:
EIN: 58-2137993
Name: EMORY HEALTHCARE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
EMORY UNIVERSITY 201 dowman drive atlanta, GA 30322 58-0566256	SCHEDULE O	GA	501(C) (3)	2	na
THE EMORY CLINIC INC 1365 clifton road NE atlanta, GA 30322 58-2030692	SCHEDULE O	GA	501(C) (3)	9	na
EMORY-CHILDREN'S CENTER INC 2015 uppergate dr ne atlanta, GA 30322 58-2298500	SCHEDULE O	GA	501(C) (3)	9	na
EMORY MEDICAL LABORATORIES INC 201 dowman drive atlanta, GA 30322 01-0553460	SCHEDULE O	GA	501(C) (3)	3	na
WESLEY WOODS CENTER OF EMORY UNIVERSITY 1821 clifton road atlanta, GA 30322 58-1529366	SCHEDULE O	GA	501(C) (3)	3	na
EMORY MEDICAL CARE FOUNDATION INC 1648 PIERCE DRIVE ATLANTA, GA 30322 58-1537752	SCHEDULE O	GA	501 (C) (3)	9	NA

TY 2009 Itemized Other Current Assets Schedule

Name: EMORY HEALTHCARE INC

EIN: 58-2137993

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		reinsurance recoverable	17,312,688	17,046,637
		accrued interest receivable	395,746	919,497
		prepaid expenses	10,973	12,597

TY 2009 Other Deductions Schedule

Name: EMORY HEALTHCARE INC

EIN: 58-2137993

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
GENERAL AND ADMINISTRATIVE FEES		377,413
NET LOSS ON DERIVATIVES		2,996,940

TY 2009 Itemized Other Investments Schedule

Name: EMORY HEALTHCARE INC

EIN: 58-2137993

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		marketable securities at market	115,224,012	123,811,757

TY 2009 Itemized Other Liabilities Schedule

Name: EMORY HEALTHCARE INC

EIN: 58-2137993

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		outstanding losses and expenses	54,060,581	55,071,505
		losses and expenses payable	2,995,531	904,812
		accounts payable	100,810	145,542
		due to broker	96,460	438,029
		DERIVATIVE FINANCIAL INSTRUMENT		779,142

TY 2009 Other Income Statement

Name: EMORY HEALTHCARE INC

EIN: 58-2137993

Description	Foreign Amount	Amount
NET INVESTMENT GAIN		10,728,448

TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: EMORY HEALTHCARE INC

EIN: 58-2137993

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID IN CAPITAL	880,000	880,000

Additional Data

Software ID:
Software Version:
EIN: 58-2137993
Name: EMORY HEALTHCARE INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
EMORY UNIVERSITY	580566256	02	Yes		Yes		Yes		126287
EMORY-CHILDREN'S CENTER INC	582298500	09	Yes		Yes		Yes		0
WESLEY WOODS CENTER OF EMORY UNIVERSITY INC	581529366	03	Yes		Yes		Yes		0
THE EMORY CLINIC INC	582030692	09	Yes		Yes		Yes		8411949
EMORY MEDICAL CARE FOUNDATION INC	581537752	09	Yes		Yes		Yes		0

Additional Data

Software ID:

Software Version:

EIN: 58-2137993

Name: EMORY HEALTHCARE INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J DAVID ALLEN BOARD MEMBER	10	X						0	0	0
ELLEN A BAILEY BOARD MEMBER	10	X						0	0	0
DR TIMOTHY BUCHMAN BOARD MEMBER	10	X						227	247,246	18,439
DR S WRIGHT CAUGHMAN BOARD MEMBER	150	X		X				0	632,636	41,046
DR NORMAN ELLIOTT BOARD MEMBER	10	X						0	0	0
JOHN T FOX SEE PART III BOARD MEMBER	300	X		X				486,180	606,679	1,114,716
RUSSELL R FRENCH BOARD MEMBER	10	X						0	0	0
CHARLES B GINDEN BOARD MEMBER	10	X						0	0	0
JOSEPH R GLADDEN BOARD MEMBER	10	X						0	0	0
JOHN T GLOVER BOARD MEMBER	10	X						0	0	0
ROBERT C GODDARD III BOARD MEMBER	10	X						0	0	0
DR LUCKY JAIN BOARD MEMBER/FORMER OFFICER	10	X						0	302,706	38,035
DR CHRISTIAN P LARSEN BOARD MEMBER/FORMER OFFICER	10	X						0	676,335	40,970
DR THOMAS J LAWLEY BOARD MEMBER/FORMER OFFICER	10	X						0	743,849	80,505
DR ANGEL LEON BOARD MEMBER/FORMER OFFICER	10	X						0	603,143	26,583
MICHAEL J MANDL PART III BOARD MEMBER	10	X						0	696,735	205,660
DR CAROLYN MELTZER BOARD MEMBER/FORMER OFFICER	10	X						0	593,682	36,777
GEORGE D OVEREND BOARD MEMBER	10	X						0	0	0
J NEAL PURCELL BOARD MEMBER	10	X						0	0	0
JOHN G RICE BOARD MEMBER	10	X						0	0	0
DR FRED SANFILIPPO BOARD MEMBER	180	X		X				409,836	534,917	84,598
SAM A WILLIAMS BOARD MEMBER	10	X						0	0	0
JANE JORDAN CASAVANT SECRETARY	300			X				18,128	245,354	26,357
WILLIAM APICELLI ASSOC CHIEF HR OFFICER	600					X		236,141	0	31,760
DEDRA L CANTRELL CHIEF INFORMATION OFFICER	600					X		300,471	0	37,182

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SHARI CAPERS ASSOC VP, STRATEGIC PLANNING	60 0					X		195,545	68,192	40,918
SHAWN PATRICK HAMMOND EXEC DIRECTOR, MANAGED CARE	60 0					X		265,015	12,594	39,438
UNA E HUTTON NEWMAN DIRECTOR, MARKETING SERVICES	60 0					X		314,564	32,627	34,226
DR SARA L BERGA FORMER BOARD MEMBER	0 0						X	0	487,886	29,941
DR WILLIAM BORNSTEIN FORMER OFFICER	3 0						X	0	354,948	59,915
DONALD I BRUNN FORMER OFFICER	0 0						X	0	418,163	54,043
DALLIS HOWARD CROW FORMER OFFICER	60 0						X	333,112	0	30,730
SUSAN GRANT FORMER OFFICER	10 0						X	0	420,189	41,903
JAMES T HATCHER FORMER OFFICER	10 0						X	0	347,336	45,509
DR MICHAEL M E JOHNS FORMER BOARD MEMBER	0 0						X	49,231	593,657	38,142
RONNIE L JOWERS FORMER OFFICER	25 0						X	125,955	310,225	67,299
DR ALLAN I LEVEY FORMER OFFICER	0 0						X	0	486,745	40,812
DR BARBARA J STOLL FORMER OFFICER	0 0						X	0	206,536	34,707
GARY TEAL FORMER OFFICER	30 0						X	0	312,542	38,694

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	-64,587,130	-65,729,869	1,142,739	0
BAD DEBT EXPENSE	2,948,748	2,948,748	0	0
SUPPLIES	6,492,492	6,509,258	-16,766	0
REIMBURSEMENTS	-2,910,832	-2,907,121	-3,711	0
ADMIN & UNIVERSITY OVERHEAD	14,066,543	13,497,976	568,567	0