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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
Piedmont Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1968 PEACHTREE ROAD NW

City or town, state or country, and ZIP + 4
ATLANTA, GA 303091285

D Employer identification number
58-0566213

E Telephone number
(404) 605-2439

G Gross receipts $ 797,810,630

F Name and address of Principal Officer
R TIMOTHY STACK
1968 PEACHTREE ROAD NW
ATLANTA, GA 30309

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 ▶

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

J Web site: ▶ WWW PIEDMONT ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1905

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

Piedmont Hospital provides inpatient beds, diagnosis and treatment of patients, scientific research, and various activities to promote community health and well being

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	4,241
6	Total number of volunteers (estimate if necessary)	**6**	435
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	5,009,330
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-170,525

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,010,569	7,705,456
9	Program service revenue (Part VIII, line 2g)	594,612,354	611,711,411
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,755,703	-12,508,327
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,037,367	12,816,905
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	623,415,993	619,725,445
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,247,918	1,002,812
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	250,049,325	246,994,705
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	302,293,868	308,996,361
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	553,591,111	556,993,878
19	Revenue less expenses Subtract line 18 from line 12	69,824,882	62,731,567
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	1,027,932,826	984,280,173
21	Total liabilities (Part X, line 26)	550,151,271	627,294,096
22	Net assets or fund balances Subtract line 21 from line 20	477,781,555	356,986,077

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer — Date: 2010-05-17

CHARLIE HALL EVP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST AND YOUNG US LLP 1901 6TH AVENUE N SUITE 1200 BIRMINGHAM, AL 35203			EIN ▶ Phone no ▶ (205) 251-2000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Piedmont Hospital provides inpatient beds, diagnosis and treatment of patients, scientific research, and various activities to promote community health and well being

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 (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 126,706,916 including grants of $ 0) (Revenue $ 180,213,347)

Piedmont Hospital Cardiovascular Services had 6,080 inpatient and 34,377 outpatient encounters during the fiscal year ending 6/30/2009, and was named Best in Atlanta for Overall Cardiac Care, Cardiac Surgery and Coronary Intervention by Healthgrades

4b (Code) (Expenses $ 37,077,088 including grants of $ 0) (Revenue $ 43,461,907)

Piedmont Hospital Transplant Services performed a total of 703 Inpatient cases during the fiscal year ending 6/30/2009, and had 10,444 outpatient encounters

4c (Code) (Expenses $ 17,905,737 including grants of $ 0) (Revenue $ 26,896,842)

Piedmont Hospital Orthopedic Services performed a total of 2,125 Inpatient cases during the fiscal year ending 6/30/2009

4d Other program services (Describe in Schedule O)

(Expenses $ 224,505,006 including grants of $ 1,002,812) (Revenue $ 361,139,315)

4e Total program service expenses $ 406,194,747 *Must equal Part IX, Line 25, column (B).*

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	Yes	
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	Yes	
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 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 hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as 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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *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 United States? *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 United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total 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 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	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	454		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,241		
b	If at least one is reported in 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.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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			No
b	If "Yes," enter the name of the foreign country _____ 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 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?	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	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other 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 *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 10		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	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	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
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	
	Describe the process in Schedule O			
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		No
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		

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

☐ own website ☐ another's website ☑ 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

CHARLIE HALL
1968 PEACHTREE ROAD NW
ATLANTA, GA 303091285
(404) 605-2439

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								2,565,568	723,406	626,594

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 210

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
SKANSKA USA BUILDING INC 70 ELLIS STREET ATLANTA, GA 30303	CONSTRUCTION	14,477,963
ALLIANCE LAUNDRY AND TEXTILE SERVIC 3120 SOUTH MARTIN STREET SUITE 100 EAST POINT, GA 30344	LAUNDRY SERVICES	1,718,556
PIEDMONT SURGICAL MANAGEMENT CO LLC 3340 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326	SURGICAL MGT	1,419,491
EMORY LABORATORIES PO BOX 403054 ATLANTA, GA 30384	DIALYSIS	1,758,525
R J GRIFFIN AND COMPANY 800 MOUNT VERNON HIGHWAY ATLANTA, GA 30328	CONSTRUCTION	6,276,045

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 34

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 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 106,774				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 7,598,682				
	g	Noncash contributions included in lines 1a-1f $ 7,401				
	h	**Total (Add lines 1a-1f)** ▶	7,705,456			
Program Service Revenue		Business Code				
	2a	HEALTHCARE SERVICES	603,896,680	603,896,680		
	b	OUTSIDE LAB 621,500	4,740,788		4,740,788	
	c	PARKING	3,073,943	3,073,943		
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 611,711,411				
	3	Investment income (including dividends, interest other similar amounts) ▶	965,208			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 11,864,289				
	b	Less rental expenses 8,332,320				
	c	Rental income or (loss) 3,531,969				
	d	Net rental income or (loss) ▶	3,531,969	3,263,427	268,542	
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 155,911,045 / 368,285				
	b	Less cost or other basis and sales expenses 169,567,375 / 185,490				
	c	Gain or (loss) -13,656,330 / 182,795				
	d	Net gain or (loss) ▶	-13,473,535			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 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 *Complete Schedule G if total exceeds $15,000* 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	APOTHECARY	1,546,029	1,546,029		
	b	CAFETERIA	3,537,312	3,537,312		
	c	COFFEE CART	116,028	116,028		
	d	All other revenue _____	4,085,567	4,085,567		
	e	**Total. Add lines 11a-11d** ▶ $ 9,284,936				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	619,725,445	619,518,986	5,009,330	

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	1,002,812	1,002,812		
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	4,651,515		4,651,515	
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	196,078,196	194,616,250		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,269,471		12,269,471	
9	Other employee benefits	17,677,365	96,769	17,580,596	
10	Payroll taxes	16,318,158		16,318,158	
11	Fees for services (non-employees)				
a	Management	7,521,645	3,155,511	4,366,134	
b	Legal	1,436,104		1,436,104	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	14,209,987	600,545	13,609,442	
12	Advertising and promotion	1,466,086	14,206	1,451,880	
13	Office expenses	153,637,303	152,790,482	846,821	
14	Information technology	14,271,902		14,271,902	
15	Royalties . .	0			
16	Occupancy	21,933,236	19,718,835	2,214,401	
17	Travel	84,543	78,630	5,913	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	295,183	266,689	28,494	
20	Interest	14,126,838		14,126,838	
21	Payments to affiliates	13,477,968		13,477,968	
22	Depreciation, depletion, and amortization	33,945,050	33,854,018	91,032	
23	Insurance	5,209,174		5,209,174	
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	OTHER OPERATING EXPENSE	27,381,342		27,381,342	
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	556,993,878	406,194,747	150,799,131	0
26	**Joint Costs.** Check ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	93,779,601	1	106,292,391
	2	Savings and temporary cash investments	2,116,063	2	3,365,783
	3	Pledges and grants receivable, net	8,627,502	3	4,492,583
	4	Accounts receivable, net	108,617,445	4	103,103,126
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *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	2,444,930	7	2,301,025
	8	Inventories for sale or use	12,073,026	8	13,641,793
	9	Prepaid expenses and deferred charges	12,658,265	9	13,265,116
	10a	Land, buildings, and equipment cost basis — 10a: 704,725,707			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 402,301,792	291,472,327	10c	302,423,915
	11	Investments—publicly traded securities	365,564,851	11	311,021,343
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	2,561,787	12	2,590,297
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	128,017,029	15	121,782,801
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	1,027,932,826	16	984,280,173
Liabilities	17	Accounts payable and accrued expenses	55,984,559	17	61,912,988
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	307,300,000	20	302,650,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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	92,673,981	23	92,693,138
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	94,192,731	25	170,037,970
	26	**Total liabilities.** *Add lines 17 through 25*	550,151,271	26	627,294,096
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	440,419,943	27	325,925,618
	28	Temporarily restricted net assets	15,008,506	28	10,501,371
	29	Permanently restricted net assets	22,353,106	29	20,559,088
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	477,781,555	33	356,986,077
	34	Total liabilities and net assets/fund balances	1,027,932,826	34	984,280,173

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 (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									

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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **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** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Piedmont Hospital Inc	58-0566213

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		347,171
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			347,171
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Lobbying Activities	Form 990 Part IV # 4	The Vice President of Government and External Affairs represented the interests of Piedmont Healthcare (EIN 58-1503902), Piedmont Hospital (58-0566213), and related entities before Federal, State, and local elected officials and regulators

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

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? ☐ Yes ☐ No

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 other impermissible private benefit? ☐ Yes ☐ No

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)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? ☐ Yes ☐ No

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 Trust, 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 why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	347,223,727				
b	Contributions	149,534				
c	Investment earnings or losses	-53,718,394				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	-290,625				
g	End of year balance	293,945,492				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 %
- 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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	

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

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) Depreciation	(d) Book value
1a Land	14,218,725			14,218,725
b Buildings	443,398,143		-230,844,401	213,553,742
c Leasehold improvements				
d Equipment	244,580,193		-171,457,391	73,122,802
e Other	1,528,646			1,528,646
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				302,423,915

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
BENEFICIAL INT IN PERP TRUST	6,446,494
DUE FROM RELATED PARTIES	85,255,262
A/R PROFESSIONAL BUILDING	670,805
STOP / LOSS GA ADS	146,002
UNAMORTIZED LOAN DISCOUNT	3,809,944
BONDS RECEIVABLE	9,878,132
MISCELLANEOUS	2,880,053
ST PAUL LOSS RETENTION	56,298
PHI GOODWILL	11,758,511
PCL CON AND NON-COMPETE	881,300
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	121,782,801

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTIES	48,298,896
ACCRUED PENSION COSTS	74,714,833
SELF INSURANCE RESERVES	16,071,683
INTEREST SWAPS	-16,048,974
OTHER SERP PAYABLES AND DEFERR	39,848,754
CURRENT MATURIES LONG TERM DEB	7,152,778
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	170,037,970

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	619,725,445
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	556,993,878
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	62,731,567
4	Net unrealized gains (losses) on investments	4	-47,890,364
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,192,911
9	Total adjustments (net) Add lines 4 - 8	9	-55,083,275
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,648,292

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	573,430,999
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-47,890,364		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	156,370		
e	Add lines **2a** through **2d**			2e	-47,733,994
3	Subtract line **2e** from line **1**			3	621,164,993
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	-1,439,548		
c	Add lines **4a** and **4b**			4c	-1,439,548
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	619,725,445

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	565,782,707
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	8,322,320		
e	Add lines **2a** through **2d**			2e	8,322,320
3	Subtract line **2e** from line **1**			3	557,460,387
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	-466,509		
c	Add lines **4a** and **4b**			4c	-466,509
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	556,993,878

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 XIV, 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

Identifier	Return Reference	Explanation
Other Amounts included in 990 not Audit	SCHEDULE D RECON	REVENUE ADJUSTMENTS Rent exp netted against rev (37,127) Contributions released from restriction (119,243) Rent Exp (8,322,320) Restricted Contributions 7,598,683 Outpatient Services Revenue reclass (715,911) EXPENSE ADJUSTMENTS Rent expense (8,322,320) Rent Expense netted against Revenue 438,927 Outpatient Services exp reclass (905,436)
FIN 48 Footnote	Form 990 Schedule D Part 10	On July 1, 2007, Piedmont Hospital adopted FIN 48 The adoption of FIN 48 did not have a material impact on the financial statements

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
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 *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
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		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	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 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)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
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)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
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	3		
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, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
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	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Piedmont Hospital Inc 1968 Peachtree Road NW Atlanta, GA 30309	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

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

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)

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 communites served

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCER UNIVERSITY301 Mercer University Drive ATLANTA, GA 30341	58-0566167	501(C)(3)	820,312				Nursing Education Scholarship
American Heart Association 1101 Northchase Parkway Marietta, GA 30067	13-5613797	501(C)(3)	131,000				Charitable / Community Service
Arthritis Foundation2970 Peachtree Road Ste 200 Atlanta, GA 30305	58-1341679	501(C)(3)	5,500				Charitable/Community Service
Ga Chapter American College of CardiologySuite F 3461 Lawrenceville Suwanee Suwanee, GA 30024	58-1090233	501(c)(3)	10,000				Charitable/Community Service
George West Mental Health Skyland Trail1903 N Druid Hills Rd Atlanta, GA 30319	58-1489941	501(c)(3)	6,000				Charitable/Community Service

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 0

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Grants and Scholarships	Form 990 Schedule I	Federal Grants Grant Funds are monitored in the Grants Management Department Eligibility, selection criteria and all necessary records are maintained by this Department to ensure compliance with the relevant regulations Scholarships Nursing Education Scholarship Scholarships are given to individuals who are juniors or seniors in an accredited Nursing school Individuals interested in a scholarship must complete an application before June 1st of the year Applicants are interviewed by a two person nursing committee and chosen based upon GPA (must be greater than 3 0), leadership, financial need, reference letters (two required), and a 500 word essay describing what nursing means to them Applicants do not need to have any current affiliation with the hospital However, in order to receive the scholarships, applicants must agree to sign a 1 or 2 year employment contract upon completion of school Nursing Administration monitors compliance with the program Sponsorships Money is also given to charitable organizations Organizations that receive money are primarily charitable organizations which promote health care causes Ocassionally money is given to charitable organizations which are not healthcare organizations These organizations promote other worthy causes in the surrounding community The grants are administered in the Public Relations Department

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☑ First class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is 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	**1b**	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?	**2**	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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

(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				
Mr Robert W Maynard	(i)	472,387	162,606	8,760	73,375	52,975	770,103	0
	(ii)	0	0	0	0	0	0	0
Mr Charlie Hall	(i)	0	0	0	0	0	0	0
	(ii)	382,152	128,091	8,760	67,137	40,779	626,919	0
Ms Debbie W Gramling	(i)	0	0	0	0	0	0	0
	(ii)	117,498	22,121	360	20,210	7,991	168,180	0
Ms Connie Whittington	(i)	214,437	45,512	360	23,227	20,048	303,584	0
	(ii)	0	0	0	0	0	0	0
Dr R Steve Taylor	(i)	377,925	122,066	8,760	66,625	29,359	604,735	0
	(ii)	0	0	0	0	0	0	0
Mr Thomas Arnold	(i)	224,838	29,575	360	48,641	12,109	315,523	0
	(ii)	0	0	0	0	0	0	0
Mr Wright Alcorn	(i)	239,201	51,135	360	35,322	9,525	335,543	0
	(ii)	0	0	0	0	0	0	0
Mr Everett Thompson	(i)	220,362	51,162	360	39,701	37,845	349,430	0
	(ii)	0	0	0	0	0	0	0
Dr Miguel Tan	(i)	265,402	26,500	0	30,095	5,289	327,286	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental 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
Bonuses	990 PART VII	Bonuses are accrued and paid on various metrics including Net Earnings versus Budget
First Class Travel	Form 990 Schedule J Part I	Piedmont Hospital allows First Class travel for certain Senior Executives These items are not reported on the W-2, however, the company is reimbursed for any personal use

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Development Authority of Fulton County	58-1506878	359900NM5	04-17-2003	80,000,000	SERIES 2003		X		X
B	Development Authority of Fulton and Fayette Cty	58-1639487	359900RW9	12-15-2005	80,000,000	SERIES 2005		X		X
C	Development Authority of Fulton County	58-1639487	359900UG0	12-13-2007	100,000,000	SERIES 2007		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Identifier	Return Reference	Explanation
Program Services	Form 990 Part III Program Service Accomplishments	The top three Piedmont Hospital Service Lines for FY 2009 were Cardiovascular, Transplant, and Orthopedic Services The remaining Program Service Revenues and expenses consist of other Inpatient and Outpatient Service Lines for the fiscal year ended June 30, 2009

Identifier	Return Reference	Explanation
Community Benefit Report - Piedmont Hospital	Form 990 PArt III Community Benefit	About Piedmont Hospital Named Best in Atlanta for Overall Cardiac Care, Cardiac Surgery and Coronary Intervention (2010) by HealthGrades (a leading healthcare ratings company), Piedmont Hospital ranked number one in patient satisfaction among metro Atlanta hospitals according to the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey released in March 2009 and is recognized as one of the nation's Most Wired hospitals for six consecutive years in the 100 Most Wired Survey and Benchmarking Study A private, not-for-profit organization with over 4,000 employees and a medical staff of over 900 physicians, Piedmont Hospital is a 481-bed acute tertiary care facility located on 26 acres in the North Atlanta community of Buckhead It offers all major medical, surgical and diagnostic services Care Transitions Designed to Reduce Avoidable Medical Problems and Hospital Returns National studies show that nearly one in five discharged Medicare patients will be re-hospitalized within 30 days Half of them never saw their doctor for a follow-up visit Almost half of patients improperly follow prescription instructions, especially those with chronic conditions "There are many reasons why older patients do so poorly once they are discharged," said Nancy Morrison, Piedmont Hospital's Sixty Plus program director "Often there are issues with medications or a misunderstanding about the discharge instructions When combined with a delay in making the follow-up visit with their physician, the chances for a smooth recovery are further compromised " Care Transitions is a collaboration with Piedmont Hospital's Sixty Plus Older Adult Services, Project BOOST, Visiting Nurse	Hospice Atlanta and The Atlanta Regional Commission, Area Agency on Aging to ensure safe hospital discharge While the initial focus of the project targeted patients who were 70 years old and over and lived in Cobb, DeKalb and Fulton counties, the goal is to implement the program for all Medicare patients "With enhanced linkages and communication between provider agencies and the hospital, outcomes for patients and their families are improving," said Tim Young, Care Transitions coordinator "We all realize none of us can do this alone " The free service addresses communication, such as scheduling follow-up appointments before the patient leaves the hospital and helping the patient set realistic expectations for the recovery process Patients learn self management, such as understanding their illness, discharge plans and the proper use of medications They receive a follow-up phone call within a few days of the discharge and have access to community educational programs and materials After suffering a stroke, 81-year-old Robert Collinge was released from Piedmont Hospital and recovering at home A member of the Care Transitions team checked in with him and recognized that he could benefit from home health services, including physical and occupational therapy "If it wasn't for Care Transitions, I might not have gotten the follow-up care I needed," Collinge said "They are very caring, helpful people " By partnering with various community agencies, Piedmont Hospital has expanded its traditional role by not only educating hospitalized patients but also those in the community It is anticipated that over the next year, more than 2,000 older adults and family members will participate in community events and receive a Personal Health Record, Guidelines for Discharge and other materials Piedmont Hospital will participate with the Georgia Hospital Association to provide educational opportunities for hospitals throughout the state to better serve all older adult patients Piedmont Hospital's Hispanic Health Fair Finds Medical Homes for Underserved Bi-national Health Week is one of the largest mobilization efforts of federal and state government agencies, community-based organizations, and volunteers in the Americas to improve the health and well-being of the underserved Latino population living in the United States and Canada It encompasses an annual weeklong series of health promotion and health education activities that includes workshops, insurance referrals and medical screenings Piedmont Hospital, Southside Medical Centers, Grady Health System and AID Atlanta sponsored the first annual Hispanic Health Fair in October of 2008 at Atlanta's Plaza Fiesta More than 400 people attended the full-day event Many of the 45 volunteers were hospital doctors, staff and medical students There were screenings for body mass index, blood pressure, glucose, cholesterol, vision and dental Volunteers administered flu shots and tested for HIV/AIDS The most common problems discovered by these screenings were diabetes and obesity The first objective of this health fair is to find free or low-cost medical homes for the underserved-a place that's culturally- and language-appropriate to go to when they get sick, instead of the local, often overburdened emergency room The second objective is to provide medical evaluations to prevent or treat illnesses "One participant's glucose level was so dangerously high that the doctors sent him right to the emergency room," said Andy More, education coordinator at Piedmont Healthcare He received follow-up care at Piedmont Hospital "Without this fair, he might not have gotten the care he needed to survive " The Hispanic Health Fair is promoted by the local consulates of Columbia, El Salvador, Guatemala, Honduras and Mexico "This fair sends a clear message to the Hispanic community that the government and the consulates care and that they are not alone," said Beatriz Illescas Putzeys, the consul general of Guatemala in Atlanta "Even the most minimum healthcare and education can make a difference I worked in Miami and Houston before coming to Atlanta Andy and his team at Piedmont do an outstanding job bringing this all together "

Identifier	Return Reference	Explanation
Community Benefit Report - Piedmont Hospital	Form 990 PArt III Community Benefit Continued	More Community Health Services and Benefit Operations Through the community tele-management program, an advance practice nurse maintains relationships with chronically-ill, high-risk patients whose care is not predictable They tend to require advanced care assessments and physiological support The nurse provides home visits and tele-monitoring after episode-specific problems are resolved Piedmont's patient care coordination/case management provides medication, transportation, post-hospital care like home health care, home equipment, nursing home care, and assisted living care, and shelter assistance for patients who cannot afford to pay The Piedmont Health and Fitness Club donates annual memberships to be used in fundraising and outreach activities The club staff participates in health fairs providing fitness education and assessments as well as lectures for non-profit organizations and corporate employee wellness programs At the Nicholas E Davies Community Health Info Center, community members attend free lectures on health issues, such as heart attack symptoms, managing diabetes, epilepsy and seizures, managing heart failure, and stroke Piedmont Hospital provides education and support to many community agencies and area churches, assists community spiritual leaders and clergy who visit the hospital, and provides training for lay leaders of local churches The hospital provides grief support to law enforcement officials and first responders for fire, rescue and EMS services Some staff held board positions on state-wide and community non-profit organizations At the Cancer Wellness Center, there are comprehensive, complementary services and programs for all those affected by cancer at any phase in their cancer journey These professionally-led programs include education, relaxation and stress reduction, movement and exercise, expressive arts, medication, support groups, individual nutritional and psychological counseling, and cooking demonstrations Social events include the annual Cancer Survivors celebratory luncheon Neuroscience Services provides community outreach to non-profit and corporate organizations through health fairs and employee wellness programs on stroke symptoms and risk assessment At community and corporate health fairs, Piedmont Hospital's Diabetes Resource Center provides free glucose screenings and education Educators also present free lectures at many senior living facilities The center hosts monthly support group/educational sessions with free A1C checks for three-month and twelve-month participants The Center participates in the Atlanta Food Care Coalition's educational and community foot care offerings as well as Diabetes EXPO Piedmont Hospital provides other non-profit organizations space for meetings, classes and seminars at no charge The education department oversees classrooms and an auditorium that has hosted programs for CPR training, childbirth classes, pulmonary support groups, Collier Road Condo Association meetings, Cancer Wellness programs, youth leadership meetings, managing osteoporosis classes, Joint Effort classes, Mercer Family Therapy, the Crohn's and Colitis Foundation support group, and the Lupus Foundation educational seminar Organizations, businesses, churches and schools throughout Atlanta partner with Piedmont Hospital to present life-enhancing community health fairs and events The hospital offers free screenings, including blood pressure, glucose and cholesterol checks, skin cancer screenings, and body fat and weight assessments They also provide education on nutrition, fitness, heart disease, cancers, prevention and more Piedmont's cardiovascular and outreach services offers free cholesterol and blood pressure screenings to more than 30 organizations and businesses, as well as the participants at the American Heart Association's Heart Walk in Atlanta To reach even more members of the community, Piedmont Hospital teams up with other not-for-profit organizations, like the Atlanta Regional Commission, American Heart Association, American Cancer Society and American Diabetes Association Piedmont's Sixty Plus program offers services, education and support for older adults and their families based on their need, including physical assessments, disease management, post-discharge follow up, flu shots and much more Respiratory Therapy provides smoking cessation education and support throughout the year, as well as pulmonary rehabilitation and support groups Financial and In-Kind Contributions In fiscal year 2009, Piedmont Hospital provided support to local churches, senior living facilities and many non-profit organizations The hospital partnered with E Rivers Elementary School to provide a health fair for Hispanic families, flu shots for teachers and staff, and medical supplies and giveaways for students throughout the year Piedmont provides sponsorship money and/or employee teams for the March of Dimes, The American Heart Association, It's the Journey, Inc , Susan G Komen Foundation, the Atlanta Lesbian Health Initiative, Visiting Nurses and American Diabetes Association With money from It's the Journey and the Susan G Komen Foundation, Piedmont Piedmont provided free mammograms to more than 140 women Six were found to have breast cancer and treated The hospital also provides free lab services to The Good Samaritan Clinic and Grant Park Clinic, local health centers that offer healthcare to those uninsured and underinsured Women's Health Events More than 250 women learned about breasts, bones and body health at "Spirit Girls' Night Out" at Atlantic Station in November 2008 To encourage attendance at the educational presentations, attendees enjoyed hand and chair massages and make-up tips There were healthy cooking demonstrations, along with cholesterol and glucose screenings and bone density testing The "Ask the Doc" session brought attendees and Piedmont physicians together for one-on-one conversations "This was a great opportunity for women to get to know the Piedmont family in a social setting," said breast cancer surgeon Heather Richardson, M D "They were eager to get their questions answered and, in some cases, concerns eased I spoke with one woman about what it meant for her sister to have the breast cancer gene " At the "Day of Dance for Health" in February, about 200 people-from five to 85-enjoyed a day of dancing for health and education at North Atlanta High School This first annual event is designed to motivate women to take action to improve their health and the health of their family by focusing on wellness activities Dance instructors led the group in line, belly and ballroom dancing Mascots like Piedmont's Piedy Bear, Harry the Hawk and Homer the Brave joined in Health screenings and cooking demonstrations rounded out the day Chef, Survivor Gives Back Celebrated master chef Hans Rueffert loves good food and sharing that love with others "Of all the things I've done, what brings me the most joy is my work with Piedmont's Cancer Wellness Center," he said That's because Rueffert is a stomach cancer survivor who had 60 percent of his stomach and half his esophagus removed in 2005 Every month, he performs entertaining and practical cooking demonstrations at the Piedmont Hospital West location and Piedmont Fayette Hospital The free cooking demonstrations, which focus on using fresh, Georgia-grown ingredients, attract cancer patients and their caregivers who want to prepare tasty, immunity-building meals with less salt, sugar and fat and more fiber and nutrients Cancer Wellness dietician Shayna Komar, RD, LD, provides information and answers questions at each event There's a direct connection between what we eat and how we feel Fresh and vibrant food makes us feel fresh and vibrant Processed food doesn't "I like to focus on power foods like quinoa, kale and beans They pack a lot of nutritional punch in a small package and make it easy for our body to digest " The casual cooking sessions are marked by laughter, candid conversations and poignant questions Rueffert's compromised digestive system requires him to be choosier with his diet What Rueffert lost through cancer surgery he gained through a fresh perspective on life and his role of inspiring others to love eating healthy

Identifier	Return Reference	Explanation
Board Member Elections and Board Decisions	Form 990 Part IV # 7a and 7b	7a - The Board of Piedmont Healthcare (Piedmont Hospital's sole member - EIN 58-1503902) appoints the members of the Board of Piedmont Hospital 7b - Piedmont Hospital Board policies and decisions must be filed, immediately after adoption, with the Secretary of the Piedmont Healthcare Board Such policies and decisions of the Piedmont Hospital Board are not subject to approval/ratification of the Piedmont Healthcare Board, but should the need arise, may be rescinded by the Piedmont Healthcare Board through a majority vote of its directors

Identifier	Return Reference	Explanation
Rental Agreements	Form 990 Part IV # 28a	Piedmont's lease of office space adjacent to the hospital to its controlled subsidiary for use by members of piedmont's medical staff contributes importantly to the hospital functions by keeping staff physicians near to the hospital campus, thereby increasing hospital's efficiency, encouraging fuller utilization of its facilities, and improving the overall quality of its patient care Based on rev ruls 69-463 and 69-464 Due to the fact that some board members are physicians, they may have leased space in one of the hospital's medical office buildings physician board members lease space in the medical office buildings at the same rates as other physicians lease rates are consistent with the current market the hospital has a "conflict and disclosure of interest policy" in which persons with a "conflicting" interest must do the following disclose the conflicting interest play no part, directly or indirectly, in the deliberation or vote of "conflicting items" absent themselves from meetings at which the potential conflicting interest is discussed

Identifier	Return Reference	Explanation
990 Preparation and Review	Form 990 PArt VI # 10	The Piedmont Hospital 990 is prepared and reviewed internally by the Piedmont Healthcare Finance Department After drafts are completed, the returns are reviewed by our paid preparer, Ernst & Young Copies of the 990 were provided to the Board of Piedmont Healthcare (parent org EIN 58-1503902)and certain schedules were reviewed in detail by our paid preparer Ernst & Young

Identifier	Return Reference	Explanation
Conflict of Interest	Form 990 Part VI # 12c	Compliance with the organization's conflict of interest policy is monitored and enforced by organization management in coordination with the Piedmont Healthcare Vice President of Compliance, and General Counsel as requested Annual disclosures of all matters which could be a potential conflict are required from all senior leaders, board members, physician employees and employees engaged in research Matters disclosed under the policy must be reviewed in writing by the individual's supervising manager and then by the Piedmont Healthcare Conflict of Interest Committee in order to determine whether a conflict exists and, if so, whether to accept, alter, or remove the conflict All board members and employees of the Company are trained on the requirements of the conflict of interest policy at orientation and at least annually thereafter Non-compliance with the conflict of interest policy must be reported to the Vice President of Compliance for investigation and actions as appropriate under Piedmont Healthcare disciplinary policies

Identifier	Return Reference	Explanation
Compensation of Executives and Key Employees	Form 990 part VI # 15	The Piedmont Healthcare (PHC) Board Executive Performance and Compensation Committee ("the committee") has been authorized by the PHC Board of Directors to perform the following functions Select an external executive compensation consultant ("the consultant") The committee has utilized the services of Integrated Healthcare Strategies (formerly Clark Consulting) for the past several years Work with the President/CEO to formulate and implement annual performance objectives The committee meets annually with the CEO and key senior executives to review and approve executive performance objectives for the fiscal year Annually assess President/CEO performance, The committee meets annually with the CEO and key senior executives to review the accomplishments of the executive performance objectives after the close of the fiscal year Assess and implement policies regarding President/CEO performance and compensation The committee has developed an Executive Compensation Philosophy and reviews the Philosophy annually The committee seeks input and guidance from the consultant to ensure that the philosophy is reasonable and comparable to like organizations Approve long- and short-term goals to be used in connection with executive staff compensation program as recommended by the President/CEO and validated by the compensation consultant The committee meets annually with the CEO and key senior executives as well as the consultant to review salary adjustments and incentive pay for the CEO, senior executives, and executives throughout the organization The committee meets with the consultant annually to receive input and recommendations to ensure that salary adjustments, incentives, and benefits are reasonable and comparable to like organizations Perform any tasks related to executive performance and compensation, including but not limited to, approval of executive employment contracts and executive benefits The committee seeks input from the consultant, as well as external legal advice, when it is necessary to develop and/or amend executive employment contracts and benefits The majority of the committee members are community board directors who generally do not have conflicts of interest related to fulfillment of the duties as outlined above

Identifier	Return Reference	Explanation
Disclosure of Governing, Conflict of Interest and Financial Documents	Form 990 Part VI # 19	Governing, Conflict of Interest, and Financial Documents are available upon request They should be requested from Piedmont Healthcare, Inc's Legal Counsel

Identifier	Return Reference	Explanation
Audit Committee	Form 990 Part XI # 2c	The Audit Committee for the parent organization, Piedmont Healthcare (EIN 58-1503902) is responsible for oversight of the Audit, and selection of the independent auditor

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Piedmont Hospital Inc

Employer identification number
58-0566213

Part I Identification of Disregarded Entities

(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

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 section 501(c)(3))	(F) Direct controlling entity
Piedmont Healthcare 1968 Peactree Road NW Atlanta, GA30309 58-1503902	HC Management	GA	501(c)(3)	11	NA

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Piedmont Surgical Management Company c/o Gates Moore 3340 Peachtree Road Atlanta, GA30326 20-5109540	Management Svcs	GA		related	531,594	1,399,080		No	0		No
Peachtree Orthopedic Surgery Center 2001 Peachtree Road NE Suite 705 Atlanta, GA30309 58-2562721	Orthopedic Surg	GA		related	699,863	755,966		No	0		No
Digestive Healthcare of Georgia 95 Collier Road NW suite 4075 Atlanta, GA303091721 58-2406657	Endo / GI surgery	GA		Related	279,084	260,169		No	0		No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Piedmont Healthcare	d	2,301,025
(2)	Piedmont Surgical Management Company	a	531,594
(3)	Peachtree Orthopedic Surgery Center	a	699,863
(4)	Digestive Healthcare of Georgia	a	279,084
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-0566213
Name: Piedmont Hospital 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				
Mr Robert W Maynard	(I)	472,387	162,606	8,760	73,375	52,975	770,103	0
	(II)	0	0	0	0	0	0	0
Mr Charlie Hall	(I)	0	0	0	0	0	0	0
	(II)	382,152	128,091	8,760	67,137	40,779	626,919	0
Ms Debbie W Gramling	(I)	0	0	0	0	0	0	0
	(II)	117,498	22,121	360	20,210	7,991	168,180	0
Ms Connie Whittington	(I)	214,437	45,512	360	23,227	20,048	303,584	0
	(II)	0	0	0	0	0	0	0
Dr R Steve Taylor	(I)	377,925	122,066	8,760	66,625	29,359	604,735	0
	(II)	0	0	0	0	0	0	0
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Mr Wright Alcorn	(I)	239,201	51,135	360	35,322	9,525	335,543	0
	(II)	0	0	0	0	0	0	0
Mr Everett Thompson	(I)	220,362	51,162	360	39,701	37,845	349,430	0
	(II)	0	0	0	0	0	0	0
Dr Miguel Tan	(I)	265,402	26,500	0	30,095	5,289	327,286	0
	(II)	0	0	0	0	0	0	0

Additional Data

Software ID:
Software Version:
EIN: 58-0566213
Name: Piedmont Hospital Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Dr William Blincoe , Chairman	5 0	X		X				43,500	0	6,341
Mr Robert W Maynard , President and CEO Ex-Officio	55 0	X		X				643,753	0	126,350
Dr Carol T Aitcheson , Boardmember	2 0	X						0	0	0
Dr Phillip S Brachman , Boardmember Ex-Officio	2 0	X						0	0	0
Dr Bruce A Cassidy , Boardmember	2 0	X						0	64,424	0
Dr Letha Yurko Griffin , Boardmember	2 0	X						0	0	0
Mr David G Hannah , Boardmember	2 0	X						0	0	0
Ms Lila Hertz , Boardmember	2 0	X						0	0	0
Dr Louise H Jacobs , Boardmember	2 0	X						0	0	0
Ms Nell Long , Boardmember	2 0	X						0	0	0
Dr Stephan M McCollum , Boardmember	2 0	X						0	0	0
Mr Gregory B Morrison , Boardmember	2 0	X						0	0	0
Dr Willis B Shetfall , Boardmember	2 0	X						0	0	0
Dr Jay J Singh , Boardmember	2 0	X						0	0	0
Mr Charlie Hall , Treasurer	55 0			X				0	519,003	107,916
Ms Debbie W Gramling , Secretary	55 0			X				0	139,979	28,201
Ms Connie Whittington , Chief Nursing Officer	55 0				X			260,309	0	43,275
Dr R Steve Taylor , Chief Medical Officer	55 0					X		508,751	0	95,984
Mr Thomas Arnold , VP Chief Financial Officer	55 0					X		254,773	0	60,750
Mr Wright Alcorn , VP Patient Services	55 0					X		290,696	0	44,847
Mr Everett Thompson , VP Facility Services	55 0					X		271,884	0	77,546
Dr Miguel Tan , Physician	55 0					X		291,902	0	35,384