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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/foi *form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
EMORY UNIVERSITY
% CAROL KISSAL
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1599 CLIFTON ROAD 3RD FLOOR Suite

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

F Name and address of principal officer
Claire E Sterk PRESIDENT
1599 CLIFTON ROAD 3RD FLOOR
ATLANTA, GA 30322

D Employer identification number

58-0566256

E Telephone number

(404) 727-2827

G Gross receipts \$ 3,590,027,938

H(a) Is this a group return for subordinates?
No ☐ Yes ☒
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ http //www.emory.edu

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1836 **M** State of legal domicile GA

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities EMORY UNIVERSITY'S MISSION IS TO CREATE, PRESERVE, TEACH, AND APPLY KNOWLEDGE IN THE SERVICE OF HUMANITY AND TO PROVIDE EXCELLENCE IN PATIENT CARE				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	42		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	22,394		
	6 Total number of volunteers (estimate if necessary)	6	8,016		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,073,253		
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	-500,095		
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year		Current Year	
		585,280,325		639,959,619	
		2,479,177,894		2,707,575,268	
		441,424,302		214,945,951	
		20,043,448		27,080,339	
Expenses		3,525,925,969		3,589,561,177	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶21,383,589 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	297,011,511		325,385,430		
	0		0		
	1,647,450,509		1,733,799,836		
	0		415,090		
	Net Assets or Fund Balances		1,336,216,107		1,418,841,279
			3,280,678,127		3,478,441,635
			245,247,842		111,119,542
			Beginning of Current Year		End of Year
			11,894,060,482		12,265,793,650
	21 Total liabilities (Part X, line 26)	3,874,437,717		4,069,016,892	
	22 Net assets or fund balances Subtract line 21 from line 20	8,019,622,765		8,196,776,758	

Part II Signature Block

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

Sign Here

Signature of officer

2017-07-12

Date

CAROL KISSAL VP-Finance/CFO

Type or print name and title

PnnT/Type preparer's name
ALLISON H FRANKLIN CPA

Preparer's signature
ALLISON H FRANKLIN CPA

Date
2017-07-12

Check ☐ if self-employed

PTIN
P00448640

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 300 NORTH GREENE STREET SUITE 400
GREENSBORO, NC 27401

Phone no (336) 275-3394

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,721,472,367 including grants of \$ 325,385,430) (Revenue \$ 921,016,572)

See Additional Data

4b

(Code) (Expenses \$ 776,352,912 including grants of \$ 0) (Revenue \$ 941,662,834)

See Additional Data

4c

(Code) (Expenses \$ 718,323,635 including grants of \$ 0) (Revenue \$ 833,796,585)

See Additional Data

4d
























Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 3,216,148,914

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I</i> 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	25,617	
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	22,394	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	Yes	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	42	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	41	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	CAROL KISSAL 1599 CLIFTON RD 3RD FLOOR ATLANTA, GA 30322 (404) 727-2827

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

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

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								18,962,651	11,914,863	2,310,752

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,687

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC, 2859 PACES FERRY ROAD ATLANTA, GA 30339	CONSTRUCTION	53,305,079
BRASFIELD GORRIE LLC, 1990 VAUGHN ROAD SUITE 100 KENNESAW, GA 30144	CONSTRUCTION	18,459,664
WHITING-TURNER CONTRACTING, 990 HAMMOND DRIVE ATLANTA, GA 30328	CONSTRUCTION	15,761,316
GAY CONSTRUCTION COMPANY, 2907 LOG CABIN DRIVE SMYRNA, GA 30080	CONSTRUCTION	12,349,979
SURGICAL OPERATIONAL SVCS INC, 1990 VAUGHN ROAD SUITE 100 KENNESAW, GA 30144	MEDICAL SERVICES	7,932,573
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 259		

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	3,133,234			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	522,177,752			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	114,648,633			
	g	Noncash contributions included in lines 1a-1f \$		37,765,886			
	h	Total. Add lines 1a-1f		639,959,619			
Program Service Revenue	2a	TUITION AND FEES	Business Code 611600	640,025,323	640,025,323		
	b	HOSPITAL AND MEDICAL SERVICES	624100	1,938,018,873	1,938,018,873		
	c	AUXILIARY OPERATIONS	611600	72,687,677	72,687,677		
	d	INDEPENDENT OPERATIONS	721110	27,614,414	16,515,137	11,099,277	
	e	OTHER EDUCATIONAL/CLINICAL/RESEARCH	611600	29,228,981	29,228,981		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,707,575,268			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		122,383,610		-2,026,024
4		Income from investment of tax-exempt bond proceeds . . .		19,266			19,266
5		Royalties		3,999,546			3,999,546
6a		Gross rents	(i) Real 6,315,779	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	6,315,779	0			
d		Net rental income or (loss)		6,315,779			6,315,779
7a		Gross amount from sales of assets other than inventory	(i) Securities 99,460,711	(ii) Other -6,917,636			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	99,460,711	-6,917,636			
d		Net gain or (loss)		92,543,075			92,543,075
8a		Gross income from fundraising events (not including \$ 3,133,234 of contributions reported on line 1c) See Part IV, line 18					
a			129,385				
b		Less direct expenses	b	466,761			
c		Net income or (loss) from fundraising events . . .		-337,376			-337,376
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities		0			
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .		0				
	Miscellaneous Revenue	Business Code					
11a	FINANCIAL ADMINISTRATION	611710	2,225,983			2,225,983	
b	CONCESSIONS/SERVICES	611710	14,588,781			14,588,781	
c	NETWORK AND COMMUNICATIONS	611710	287,626			287,626	
d	All other revenue						
e	Total. Add lines 11a-11d		17,102,390				
12	Total revenue. See Instructions		3,589,561,177	2,696,475,991	9,073,253	244,052,314	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	68,635,262	68,635,262		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	246,982,303	246,982,303		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,767,865	9,767,865		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	17,273,524	11,502,141	5,072,523	698,860
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,310,961		4,310,961	
7	Other salaries and wages	1,342,659,279	1,243,602,121	86,113,580	12,943,578
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,024,914	94,782,921	7,211,744	1,030,249
9	Other employee benefits	173,376,739	159,506,600	12,136,372	1,733,767
10	Payroll taxes	93,154,419	85,702,066	6,520,809	931,544
11	Fees for services (non-employees)				
a	Management	22,060,840		22,060,840	
b	Legal	5,289,166	4,442,899	793,375	52,892
c	Accounting	954,433		954,433	
d	Lobbying	124,017		124,017	
e	Professional fundraising services. See Part IV, line 17	415,090			415,090
f	Investment management fees	23,180,390		23,180,390	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,542,706	30,543,915	23,453,364	545,427
12	Advertising and promotion	2,509,145	2,383,688	125,457	
13	Office expenses	20,221,812	19,817,376	202,218	202,218
14	Information technology	20,844,614	16,884,137	3,752,031	208,446
15	Royalties	5,867	5,867		
16	Occupancy	75,839,674	68,146,913	6,918,364	774,397
17	Travel	30,785,344	25,859,689	3,078,534	1,847,121
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	21,639,565	21,639,565		
20	Interest	66,729,609	63,393,129	3,336,480	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	192,460,460	184,762,042	7,698,418	
23	Insurance	19,457,688	19,457,688		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	EDUCATIONAL	10,776,039	10,776,039		
b	MEDICAL	560,837,026	560,837,026		
c	PROVISION FOR BAD DEBTS	111,895,774	111,895,774		
d	ADMINISTRATIVE	22,265,222		22,265,222	
e	All other expenses	156,421,888	154,821,888	1,600,000	
25	Total functional expenses. Add lines 1 through 24e	3,478,441,635	3,216,148,914	240,909,132	21,383,589
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		788,131,654	2	883,521,566	
	3	Pledges and grants receivable, net		92,723,624	3	99,673,515	
	4	Accounts receivable, net		621,506,566	4	618,089,008	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		16,050,652	8	16,735,699	
	9	Prepaid expenses and deferred charges		200,324,190	9	283,428,314	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,035,569,828			
	b	Less: accumulated depreciation	10b	2,463,722,171	2,454,969,862	10c	2,571,847,657
	11	Investments—publicly traded securities		1,651,680,040	11	1,626,031,240	
	12	Investments—other securities. See Part IV, line 11		6,036,995,158	12	6,139,794,452	
	13	Investments—program-related. See Part IV, line 11		28,410,926	13	26,671,960	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		3,267,810	15	239	
16	Total assets. Add lines 1 through 15 (must equal line 34)		11,894,060,482	16	12,265,793,650		
Liabilities	17	Accounts payable and accrued expenses		514,562,308	17	450,829,744	
	18	Grants payable		0	18	0	
	19	Deferred revenue		438,434,498	19	466,869,440	
	20	Tax-exempt bond liabilities		1,503,384,325	20	1,466,658,488	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		403,403,671	24	387,467,255	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,014,652,915	25	1,297,191,965	
	26	Total liabilities. Add lines 17 through 25		3,874,437,717	26	4,069,016,892	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		3,322,979,612	27	3,561,916,597	
	28	Temporarily restricted net assets		2,796,226,545	28	2,591,113,346	
	29	Permanently restricted net assets		1,900,416,608	29	2,043,746,815	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		8,019,622,765	33	8,196,776,758	
	34	Total liabilities and net assets/fund balances		11,894,060,482	34	12,265,793,650	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,589,561,177
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,478,441,635
3	Revenue less expenses Subtract line 2 from line 1	3	111,119,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,019,622,765
5	Net unrealized gains (losses) on investments	5	13,680,803
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	52,353,648
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,196,776,758

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	1,721,472,367	including grants of \$	325,385,430) (Revenue \$	921,016,572)
SEE SCHEDULE O						

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 776,352,912 including grants of \$ 0) (Revenue \$ 941,662,834)

SEE SCHEDULE O

Form 990, Part III, Line 4c

4c	(Code) (Expenses \$	718,323,635	including grants of \$	0) (Revenue \$	833,796,585)
	SEE SCHEDULE O					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J David Allen Trustee	1 0 2 0	X						0	0	0
Kathelen Amos Trustee	1 0 0 0	X						0	0	0
Facundo L Bacardi Trustee	1 0 0 0	X						0	0	0
Thomas Barkin Trustee	1 0 0 0	X						0	0	0
Thomas D Bell Jr Trustee	3 0 0 0	X						0	0	0
Henry L Bowden Jr Trustee	2 0 0 0	X						0	0	0
William A Brosius Trustee	1 0 0 0	X						0	0	0
James Walker Burns Trustee	1 0 0 0	X						0	0	0
Susan A Cahoon Trustee	3 0 0 0	X						0	0	0
Shantella Carr Cooper Trustee	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Lindsey Davis Trustee	2 0 0 0	X						0	0	0
Walter M Deniso Jr Trustee	5 0 0 0	X						0	0	0
Russell R French Trustee	3 0 3 0	X						0	0	0
James R Gavin III Trustee	2 0 0 0	X						0	0	0
John T Glover Trustee	2 0 1 0	X						0	0	0
Robert C Goddard III Trustee	6 0 1 0	X						0	0	0
Javier Goizueta Trustee	1 0 0 0	X						0	0	0
Laura J Hardman Trustee	2 0 0 0	X						0	0	0
C Rob Hennkson Trustee	3 0 0 0	X						0	0	0
M Douglas Ivester Trustee	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Muhtar Kent Trustee	1 0 0 0	X						0	0	0
Jonathan K Layne Trustee	4 0 0 0	X						0	0	0
Steven Lipstein Trustee	1 0 0 0	X						0	0	0
Deborah Marlowe Trustee	1 0 0 0	X						0	0	0
William T McAlilly Trustee	1 0 0 0	X						0	0	0
Ten Plummer McClure Trustee	1 0 0 0	X						0	0	0
Lee Miller Trustee	1 0 0 0	X						0	0	0
John F Morgan Trustee	7 0 0 0	X						0	0	0
Wendell S Reilly Trustee	4 0 1 0	X						0	0	0
John G Rice Trustee	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rick M Rieder Trustee	1 0 0 0	X						0	0	0
Teresa M Rivero Trustee	4 0 0 0	X						0	0	0
Adam H Rogers Trustee	1 0 0 0	X						0	0	0
Katherine T Rohrer Trustee	3 0 0 0	X						0	0	0
Timothy C Rollins Trustee	1 0 0 0	X						0	0	0
Diane W Savage Trustee	4 0 0 0	X						0	0	0
Cynthia M Sanborn Trustee	1 0 0 0	X						0	0	0
Leah Ward Sears Trustee	2 0 0 0	X						0	0	0
Lynn H Stahl Trustee	2 0 0 0	X						0	0	0
James E Swanson Sr Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mitchell Tanzman Trustee	4 0 0 0	X						0	0	0
Mary Virginia Taylor Trustee	1 0 0 0	X						0	0	0
Gregory Vaughn Trustee	1 0 0 0	X						0	0	0
William C Warren IV Trustee	1 0 0 0	X						0	0	0
B Michael Watson Trustee	1 0 0 0	X						0	0	0
Mark Weinberger Trustee	1 0 0 0	X						0	0	0
Peter Barnes VP-Human Resources	60 0 0 0			X				435,684	0	31,962
Mary L Cahill VP-Investments and CIO	60 0 0 0			X				1,699,419	0	486,190
Susan Cruse SVP-Dev/Alum Relations	65 0 0 0			X				669,370	0	46,953
Allison Dykes VP-University Secretary	60 0 0 0			X				317,785	0	33,906

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael ME Johns MD See Sch J Part III	60 0 3 0			X				313,467	210,261	43,919
Carol Kissal SEE SCH J PART III	60 0 0 0			X				454,081	0	45,695
Jonathan Lewin See Sch J Part III	65 0 4 0			X				0	0	0
Jerry Lewis SVP-Communications	60 0 0 0			X				357,592	0	30,552
Michael J Mandl See Sch J Part III	65 0 4 0			X				2,513,667	1,022,683	50,084
Ajay Nair SVP-Campus Life	65 0 0 0			X				355,510	0	105,411
Stephen D Sencer SVP-General Counsel	65 0 1 0			X				542,957	0	51,719
Claire E Sterk EVP-Academic Affairs	65 0 1 0			X				675,295	0	120,543
James W Wagner President	80 0 0 0			X				3,436,163	0	98,138
Stuart Zola Interim Provost, EVP	65 0 1 0			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Elliott Interim Dean - Emory College	60 0 0 0				X			201,737	0	29,846
Robin Forman Dean-Emory College	60 0 0 0				X			412,416	0	44,058
Bryce Gartland MD CEO-Emory University Hospital	60 0 0 0				X			416,058	48,971	37,197
Susan M Grant Chief Nursing Officer	30 0 31 0				X			0	645,827	208,821
Chrstian P Larsen MD Dean-School of Medicine	42 0 21 0				X			711,744	630,378	56,794
Daniel Owens CEO-Emory Hospital Midtown	60 0 0 0				X			350,131	112,870	80,950
Dane Peterson CEO-Emory Hospital Midtown	60 0 2 0				X			0	823,072	124,617
Daniel L Barrow MD Physician	10 0 50 0					X		223,590	977,281	46,048
Walter J Curran MD Physician	45 0 15 0					X		826,185	480,112	123,175
Shervin Oskoueï MD Physician	0 0 60 0					X		12	1,846,561	39,639

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John M Rhee MD Physician	0 0 60 0					X		0	1,722,959	39,268
John Xerogeanes MD Physician	0 0 60 0					X		28	1,284,355	39,750
John T Fox Former Key Employee	25 0 44 0						X	6,366	994,492	31,899
Richard A Mendola Former Officer	65 0 0 0						X	616,825	0	51,153
Edith Murphree Former Officer	60 0 0 0						X	412,619	0	45,752
Robert J Bachman Former Key Employee	60 0 0 0						X	434,420	165,649	42,056
S Wright Caughman MD Former Officer	40 0 20 0						X	1,912,269	949,392	44,659
Thomas J Lawley MD Former Key Employee	40 0 20 0						X	461,751	0	44,283
Rosemary M Magee Former Officer	45 0 0 0						X	205,510	0	35,715

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization EMORY UNIVERSITY	Employer identification number 58-0566256
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

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

2

☒

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	650,230,364	709,869,256	626,712,257	585,280,325	639,959,619	3,212,051,821
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	650,230,364	709,869,256	626,712,257	585,280,325	639,959,619	3,212,051,821
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						204,792,912
6 Public support. Subtract line 5 from line 4						3,007,258,909

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	650,230,364	709,869,256	626,712,257	585,280,325	639,959,619	3,212,051,821
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,235,034	77,858,263	49,478,577	130,865,246	132,718,201	506,155,321
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	11,582,359	12,478,669	11,668,462	12,860,220	16,765,014	65,354,724
11 Total support. Add lines 7 through 10						3,783,561,866
12 Gross receipts from related activities, etc (see instructions)					12	12,652,174,505
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	79 482 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	81 543 %
16a 33 1/3% support test—2015.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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 June 30, 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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE A, PART II, LINE 10	OTHER INCOME TAX YEAR 2011 FINANCIAL ADMINISTRATION - 1,236,559 CONCESSIONS/SERVICES - 10, 154,475 NETWORK/COMMUNICATIONS - 191,325 TOTAL OTHER INCOME - 11,582,359 TAX YEAR 2012 FUN DRAISING EVENTS - 12,787 FINANCIAL ADMINISTRATION - 1,042,284 CONCESSIONS/SERVICES - 11,23 1,450 NETWORK/COMMUNICATIONS - 192,148 TOTAL OTHER INCOME - 12,478,669 TAX YEAR 2013 FUNDR AISING EVENTS - (341,638) FINANCIAL ADMINISTRATION - 1,180,145 CONCESSIONS/SERVICES - 10,5 64,387 NETWORK/COMMUNICATIONS - 265,568 TOTAL OTHER INCOME - 11,668,462 TAX YEAR 2014 FUND RAISING EVENTS - 216,210 FINANCIAL ADMINISTRATION - 1,062,611 CONCESSIONS/SERVICES - 11,38 8,013 NETWORK/COMMUNICATIONS - 193,386 TOTAL OTHER INCOME - 12,860,220 TAX YEAR 2015 FUNDR AISING EVENTS - -337,376 FINANCIAL ADMINISTRATION - 2,225,983 CONCESSIONS/SERVICES - 14,58 8,781 NETWORK/COMMUNICATIONS - 287,626 TOTAL OTHER INCOME - 16,765,014

Schedule A (Form 990 or 990-EZ) 2015

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
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization EMORY UNIVERSITY	Employer identification number 58-0566256
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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 If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
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?														

☐ **Y e s** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No 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 1c through 1i)?	Yes	
c Media advertisements?		No
d Mailings to members, legislators, or the public?	Yes	
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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?	Yes	438,538
j Total Add lines 1c through 1i		438,538
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?		

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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 (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1I	OTHER ACTIVITIES Emory University did not participate or intervene in any political campaigns. A de minimis portion of Emory University's total activities involve legislative and regulatory matters of direct concern to higher education and health care or of compelling importance to Emory University in particular. Under the Honest Leadership and Open Government Act of 2007, an amendment to the Lobbying Disclosure Act of 1995, Emory University reports detailed lobbying activities at the national level on a quarterly and semi-annual basis to the Secretary of the Senate and the Clerk of the House of Representatives. Emory University also reports detailed lobbying activities at the state level to the Georgia Government Transparency and Campaign Finance Commission. Efforts to influence legislation and regulation are directed by the Emory University Office of Government and Community Affairs. The office consists of four employees who act as Emory University's liaisons and monitor proposed and enacted legislation and other governmental developments. Activities of the staff include contact by letters, phone calls, emails, and meetings with legislators and members of their legislative staffs or other government officials. Meetings with local citizens are also conducted regarding issues with local government. Emory University lobbies both the federal and state government on issues of major concern: higher education, economic development, human resources, cultural resources, community relations, youth issues, environmental concerns, university regulation, research issues, transportation, appropriations/budget, tax issues, and healthcare. Estimated expenses are as follows: Salaries 235,214 Contract Lobbyists 124,017 Travel 5,252 Miscellaneous 15,977 Membership dues 58,078 Total \$438,538

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
EMORY UNIVERSITY

Employer identification number
58-0566256

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

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ 1,768,967

(ii)

Assets included in Form 990, Part X

► \$ 92,771,590

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

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

(continued)

3

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

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☒ Other EDUCATIONAL PROGRAMS

4

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

5

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

☐ Yes

☒ No

Part IV Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,763,138,887	5,962,965,212	5,247,301,885	4,985,984,504	4,850,177,182
b Contributions	54,586,238	108,493,602	52,572,333	90,867,213	-17,668,741
c Net investment earnings, gains, and losses	213,296,802	-66,428,385	893,744,270	410,748,746	383,145,581
d Grants or scholarships	24,897,719	22,051,776	18,150,191	17,667,597	15,546,783
e Other expenditures for facilities and programs	209,481,805	200,138,770	193,769,135	204,196,096	199,226,108
f Administrative expenses	20,857,998	19,700,996	18,733,950	18,434,885	14,896,627
g End of year balance	5,775,784,405	5,763,138,887	5,962,965,212	5,247,301,885	4,985,984,504

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

23 880 %

b

Permanent endowment

33 400 %

c

Temporarily restricted endowment

42 720 %

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

3a

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

(i) unrelated organizations

	Yes	No
3a(i)		No

(ii) related organizations

	Yes	No
3a(ii)		No

b

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

	Yes	No
3b		

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	1,539,769	107,225,979		108,765,748
b Buildings		3,005,885,245	1,145,179,657	1,860,705,588
c Leasehold improvements				
d Equipment		1,920,918,835	1,318,542,514	602,376,321
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,571,847,657

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		2e		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5		

Part XIII Supplemental Information	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) SHORT-TERM INVESTMENTS	310,720,238	F
(3) Other (A) COMMINGLED FUNDS-EQUITY	497,430,499	F
(B) COMMINGLED FUNDS-FIXED INCOME	86,711,261	F
(C) REAL ESTATE PARTNERSHIPS	326,867,293	F
(D) INVESTMENT-PRIVATE SECURITIES	14,765,169	F
(E) MARKETABLE REAL ESTATE	1,674,204	F
(F) MISCELLANEOUS INVESTMENTS	11,889,898	F
(G) HEDGED STRATEGIES	2,177,088,910	F
(H) PRIVATE MARKET INVESTMENTS	1,083,852,247	F
(I) NATURAL RESOURCES	457,839,921	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) OIL/GAS	680,404	F
(3) Other (A) INTEREST IN PERPETUAL FUNDS	1,170,348,049	F

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART III, LINE 4	<p>COLLECTIONS OF ART, HISTORICAL TREASURES & SIMILAR ASSETS THE MICHAEL C CARLOS MUSEUM COLLECTS, PRESERVES, EXHIBITS, AND INTERPRETS ART AND ARTIFACTS FROM ANTIQUITY TO THE PRESENT IN ORDER TO PROVIDE UNIQUE OPPORTUNITIES FOR EDUCATION AND ENRICHMENT IN THE COMMUNITY AND TO PROMOTE INTERDISCIPLINARY TEACHING AND RESEARCH AT EMORY UNIVERSITY THE COLLECTIONS EMPHASIZE A) WORKS OF ART ON PAPER, B) THE ART OF THE ANCIENT CULTURES OF THE MEDITERRANEAN BASIN INCLUDING GREECE AND ROME, C) THE ART OF ANCIENT EGYPT, NUBIA AND THE NEAR EAST, D) THE ART OF THE INDIGENOUS AMERICAS, E) THE ART OF SUB-SAHARAN AFRICA, F) THE ART OF ASIA THE MUSEUM IS FORTUNATE TO HAVE RECEIVED ASSISTANCE FROM 100 VOLUNTEERS DURING THE REPOSITING YEAR WHO COLLECTIVELY PROVIDED APPROXIMATELY 7,837 HOURS LEADING TOURS, CONDUCTING WORKSHOPS, ASSISTING WITH THE CONSERVATION TREATMENT OF ARTWORK, FACILITATING SPECIAL EVENTS, AND PROVIDING OTHER ADMINISTRATIVE SUPPORT The Stuart A Rose Manuscript, Archives and Rare Book Library (Rose Library) develops, preserves and makes accessible focused areas to support the research and teaching mission of the university Rose Library's collections of rare books, distinctive collections in unpublished personal and organizational records, works of art, and research collections emphasize a) Literature, b) African American history and culture, c) Early printed works from the Low Countries, d) Southern history, e) Religion, f) The Civil Rights and Post-Civil Rights periods, g) Frontiers of medicine, h) Conflict resolution, AND I) HISTORY OF EMORY UNIVERSITY, ITS PREDECESSOR SCHOOLS, AND ITS AFFILIATE ORGANIZATIONS</p>

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE INTENDED USES OF EMORY UNIVERSITY' S ENDOWMENT FUNDS consist of A VARIETY OF AREAS INCLUDING FUNDING OF SCHOLARSHIPS AND FELLOWSHIPS, ENDOWED CHAIRS, LECTURESHIPS, PROFESSORSHIPS, OPERATING BUDGET SUPPORT, LIBRARY BOOKS, CAPITAL PROJECTS, RESEARCH, STUDENT LOANS AND OTHER SPECIAL PROJECTS

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	ASC 740, INCOME TAXES The University is recognized as a tax exempt organization as defined in Section 501(c)(3) of the U S Internal Revenue Code (the Code) and is generally exempt from the federal income taxes on related income pursuant to Section 501(a) of the Code Accordingly, no provision for income taxes is made in the consolidated financial statements Unrelated business income of the University is reported on Form 990-T As of August 31, 2016 and 2015, there were no material uncertain tax positions

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
EMORY UNIVERSITY

Employer identification number

58-0566256

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7 Yes	

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE E, PART I, LINE 3	GENERAL INFORMATION Emory University is dedicated to providing equal opportunities to all individuals regardless of race, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, gender identity, gender expression, veteran's status, or any factor that is a prohibited consideration under applicable law. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor outlined above or prohibited under applicable law. Students, faculty, and staff are assured of participation in University programs and in the use of facilities without such discrimination. Emory University complies with all applicable equal employment opportunity laws and regulations, and follows the principles outlined above in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training.
FORM 990, SCHEDULE E, PART I, LINE 3	NONDISCRIMINATORY POLICY All University advertisements, solicitations and catalogs include a nondiscriminatory policy statement. The policy reflects that the University does not discriminate in admissions, educational programs, financial aid, or employment on the basis of race, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, gender identity, gender expression, or veteran's status, and prohibits such discrimination by its students, faculty and staff.
FORM 990, SCHEDULE E, PART I, LINE 6A	FINANCIAL AID & GOVERNMENT ASSISTANCE The financial aid or assistance received from a government agency consists of U.S. government advances received for Title IV Student Financial Assistance Programs and Title VII Health and Human Services Student Aid Assistance Programs. Federal, State of Georgia, and City of Atlanta funds are received for various restricted grants, scholarships and contracts.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
EMORY UNIVERSITY

Employer identification number
58-0566256

Part I

General Information on Activities Outside the United States.
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		11			2,234,381,104
b Total from continuation sheets to Part I	6	182			358,675,138
c Totals (add lines 3a and 3b)	6	193			2,593,056,242

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

49

3

Enter total number of other organizations or entities ▶

10

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☒

Yes

☐

No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 2	<p>PROCESS FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S EMORY USES STANDARD OPERATI NG PROCEDURES FOR EACH GRANT AGREEMENT THAT INCLUDES REGULAR MONITORING OF ACTIVITY MILEST ONES, BUDGETS, AND EXPENDITURES EMORY UNIVERSITY ALSO REQUIRES LEGAL SUBCONTRACTS THAT IN CLUDE DETAILED ACTIVITY AND BUDGET MILESTONES TECHNICAL AND FINANCIAL REPORTS ARE REVIEWE D CLOSELY Emory University is responsible for ensuring that it communicates the relevant and necessary information contained in the aw ard document to the subrecipients The Office of Sponsored Programs maintains a copy of the Subcontract Agreement, w hich stipulates the terms of the aw ard and is signed by representatives of both Emory University and the subr ecipient organization This agreement indicates that the subrecipient understands and is a w are of the aw ard requirements In addition, if there are any further changes to the Agree ment, an amendment to the agreement is generated and signed by the representative of Emory University and the subrecipient</p>

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Program Services	Conference	25,997
Central America and the Caribbean			Program Services	Education	65,087
Central America and the Caribbean			Program Services	Grant	10,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Recruiting	1,818
Central America and the Caribbean			Program Services	Research	33,262
Central America and the Caribbean			Program Services	Subcontract	449,323

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		2,193,613,586
East Asia and the Pacific			Program Services	Alumni Activity	56,755
East Asia and the Pacific			Program Services	Conference	158,190

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific		8	Program Services	Education	299,590
East Asia and the Pacific			Program Services	Recruiting	45,888
East Asia and the Pacific		1	Program Services	Research	153,870

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Subcontract	625,726
East Asia and the Pacific			Investments		38,301,920
East Asia and the Pacific			Investments	Management Fees	242,965

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Program Services	Alumni Activity	11,820
Europe		1	Program Services	Conference	285,307
Europe	1	55	Program Services	Education	1,805,334

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Program Services	Performance/Exhibition	63,524
Europe			Program Services	Recruiting	22,886
Europe		9	Program Services	Research	373,434

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe			Program Services	Grant	3,975
Europe			Program Services	Subcontract	1,190,506
Europe			Investments		157,922,106

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East & North Africa			Program Services	Conference	45,211
Middle East & North Africa		2	Program Services	Education	38,521
Middle East & North Africa			Program Services	Recruiting	8,998

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East & North Africa			Program Services	Research	5,814
Middle East & North Africa			Investments		3,804,386
North America		1	Program Services	Conference	30,285

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	Education	13,205
North America			Program Services	Recruiting	6,225
North America		4	Program Services	Research	104,142

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	Grant	57
North America			Program Services	Subcontract	244,865
North America			Investments		18,112,382

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russian and Neighboring States			Program Services	Conference	8,160
Russian and Neighboring States		12	Program Services	Education	43,280
Russian and Neighboring States		5	Program Services	Research	14,745

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Program Services	Conference	32,952
South America		7	Program Services	Education	218,835
South America			Program Services	Recruiting	13,349

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America		3	Program Services	Research	68,653
South America			Program Services	Subcontract	1,121,393
South America			Investments		186,632

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Alumni Activity	2,485
South Asia			Program Services	Conference	41,711
South Asia		4	Program Services	Education	587,455

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	Recruiting	14,804
South Asia		1	Program Services	Research	229,606
South Asia			Program Services	Grants	5,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Program Services	Subcontract	1,557,737
South Asia			Investments		104,259,961
South Asia			Investments	Management Fees	31,065

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Alumni Activity	151
Sub-Saharan Africa			Program Services	Conference	171,145
Sub-Saharan Africa		20	Program Services	Education	248,443

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	5	59	Program Services	Research	3,017,964
Sub-Saharan Africa			Program Services	Grant	8,000
Sub-Saharan Africa			Program Services	Subcontract	4,571,338

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Investments		57,844,499
Sub-Saharan Africa			Investments	Management Fees	579,919

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	6,975	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	242,725	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	920,725	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	13,975	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	38,445	WIRE			
		South America	RESEARCH/SUBCONTRACT	924,197	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	142,021	WIRE			
		North America	RESEARCH/SUBCONTRACT	28,363	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	350,633	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	55,532	WIRE			
		South America	RESEARCH/SUBCONTRACT	38,562	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	126,864	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	47,334	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	48,898	WIRE			
		South America	RESEARCH/SUBCONTRACT	12,110	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	1,140,563	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	RESEARCH/SUBCONTRACT	51,366	WIRE			
		East Asia and the Pacific	RESEARCH/SUBCONTRACT	75,133	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	43,705	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	18,163	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH/SUBCONTRACT	115,412	WIRE			
		North America	RESEARCH/SUBCONTRACT	11,000	WIRE			
		South America	RESEARCH/SUBCONTRACT	7,559	WIRE			
		Central America and the Caribbean	RESEARCH/SUBCONTRACT	32,945	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	RESEARCH/SUBCONTRACT	365,720	WIRE			
		North America	RESEARCH/SUBCONTRACT	30,996	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	386,208	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	292,066	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH/SUBCONTRACT	14,305	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	461,958	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	252,756	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	19,117	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	60,746	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	15,665	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	16,838	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	23,336	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH/SUBCONTRACT	24,857	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	72,672	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	39,166	WIRE			
		North America	RESEARCH/SUBCONTRACT	70,707	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH/SUBCONTRACT	89,513	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	12,750	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	108,216	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH/SUBCONTRACT	40,700	WIRE			
		South Asia	RESEARCH/SUBCONTRACT	973,301	WIRE			
		North America	RESEARCH/SUBCONTRACT	85,245	WIRE			
		South America	RESEARCH/SUBCONTRACT	58,113	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	RESEARCH/SUBCONTRACT	83,603	WIRE			
		South America	RESEARCH/SUBCONTRACT	37,044	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	38,010	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	259,384	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	26,840	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	48,785	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	13,907	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH/SUBCONTRACT	280,111	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	639,780	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	87,262	WIRE			
		Sub-Saharan Africa	RESEARCH/SUBCONTRACT	214,996	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
EMORY UNIVERSITY

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
58-0566256

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Amergent 9 Centennial Drive Peabody, MA 019607906	Donor Acq		No	614,506	415,090	199,416
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				614,506	415,090	199,416

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
-
-

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Winship Gala (event type)	Winship 5K (event type)	5 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,319,572	933,000	1,010,047	3,262,619
	2 Less Contributions	1,280,072	921,000	932,162	3,133,234
	3 Gross income (line 1 minus line 2)	39,500	12,000	77,885	129,385
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	83,410		73,517	156,927
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	106,989	91,051	111,794	309,834
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				466,761
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-337,376

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16

Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization EMORY UNIVERSITY	Employer identification number 58-0566256
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 0 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 0 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			38,449,281	0	38,449,281	1 140 %
b Medicaid (from Worksheet 3, column a)			149,173,457	123,878,003	25,295,454	0 750 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			187,622,738	123,878,003	63,744,735	1 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,109,402	0	2,109,402	0 060 %
f Health professions education (from Worksheet 5)			382,358,189	62,985,834	319,372,355	9 480 %
g Subsidized health services (from Worksheet 6)			200,600,579	123,878,003	76,722,576	2 280 %
h Research (from Worksheet 7)			491,896,754	395,058,850	96,837,904	2 880 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			283,198	0	283,198	0 010 %
j Total. Other Benefits			1,077,248,122	581,922,687	495,325,435	14 710 %
k Total. Add lines 7d and 7j			1,264,870,860	705,800,690	559,070,170	16 600 %

Part II

Community Building Activities

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

111,292,826

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

2,226,000

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

355,940,499

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

374,690,467

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-18,749,968

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

4

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
HOSPITAL FACILITIES LINES 1-4

Name of hospital facility or letter of facility reporting group

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

14

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input checked="" type="checkbox"/> Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) emoryhealthcare.org/about/community.html b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input checked="" type="checkbox"/> Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) emoryhealthcare.org/about/community.html b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)***Financial Assistance Policy (FAP)**

HOSPITAL FACILITIES LINES 1-4

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART VI		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART VI		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART VI		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

HOSPITAL FACILITIES LINES 1-4

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

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

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? **3**

Name and address	Type of Facility (describe)
1 EMORY AUTISM CENTER 1551 SHOOP CT DECATUR,GA 30033	DIAGNOSTIC EVALUATION
2 FACULTY STAFF ASSISTANCE PROGRAM 1762 CLIFTON RD ATLANTA,GA 30322	FACULTY AND STAFF HEALTHCARE
3 STUDENT HEALTH & COUNSELING SERVICES 1525 CLIFTON RD ATLANTA,GA 30322	STUDENT HEALTHCARE
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	FPG ELIGIBILITY NOT APPLICABLE

Form and Line Reference	Explanation
PART I, LINE 6A	COMMUNITY BENEFIT REPORT EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE WEB AT HTTP //WHSC EMORY EDU/PUBLICATIONS/COMMUNITY-BENEFITS/INDEX HTML

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES EMORY UNIVERSITY HAS INCLUDED \$80,425,161 ATTRIBUTABLE TO PURCHASED SERVICES FROM THE EMORY CLINIC, INC AS PART OF THE REPORTED SUBSIDIZED HEALTH SERVICES TOTAL ON PART I, LINE 7G

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE IN THE "PERCENT OF TOTAL EXPENSE" CALCULATION CONTAINED IN COLUMN F OF PART I, LINE 7, THE DENOMINATOR (TOTAL FUNCTIONAL EXPENSES REPORTED ON PART IX, LINE 25A) WAS REDUCED BY \$111,292,826 THE TOTAL PROVISION FOR BAD DEBTS INCLUDED IN THAT NUMBER

Form and Line Reference	Explanation
PART I, LINE 7	<p>FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST EMORY UNIVERSITY INCLUDES ONE OF THE NATION'S LEADING ACADEMIC COMPLEXES FOR TEACHING, RESEARCH, AND PATIENT CARE - THE ROBERT W WOODRUFF HEALTH SCIENCES CENTER (WHSC) THE WHSC INCLUDES EMORY UNIVERSITY SCHOOL OF MEDICINE, NELL HODGSON WOODRUFF SCHOOL OF NURSING, ROLLINS SCHOOL OF PUBLIC HEALTH, WINSHIP CANCER INSTITUTE, YERKES NATIONAL PRIMATE RESEARCH CENTER, AND EMORY HEALTHCARE, WHICH IS THE WHSC'S SYSTEM OF HEALTH CARE OPERATIONS EMORY HEALTHCARE INCLUDES PHYSICIAN GROUPS FOR PEDIATRIC AND ADULT PATIENTS AS WELL AS THE FOLLOWING HOSPITALS (1) THREE GENERAL AND ACUTE CARE HOSPITALS EMORY UNIVERSITY HOSPITAL (WHICH INCLUDES EMORY UNIVERSITY ORTHOPAEDICS & SPINE HOSPITAL), EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA, AND (2) TWO JOINT VENTURES EMORY-SAINT JOSEPH'S, INC (WHICH INCLUDES EMORY JOHNS CREEK HOSPITAL, SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC , AND TRANSLATIONAL TESTING AND TRAINING LABORATORIES, INC) AND EMORY REHABILITATION HOSPITAL ALTHOUGH PART OF THE EMORY HEALTHCARE SYSTEM, THE VARIOUS HOSPITALS ARE OPERATING DIVISIONS OF DIFFERENT EMORY ENTITIES EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA ARE OPERATING DIVISIONS OF EMORY UNIVERSITY EMORY JOHNS CREEK HOSPITAL AND SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC ARE PART OF A JOINT VENTURE WITH SAINT JOSEPH'S HEALTH SYSTEM INC EMORY REHABILITATION HOSPITAL IS PART OF A JOINT VENTURE WITH SELECT MEDICAL CORPORATION IN ADDITION, EMORY HAS CLOSE WORKING RELATIONSHIPS WITH OTHER HOSPITALS, INCLUDING GRADY MEMORIAL HOSPITAL ("GRADY"), CHILDREN'S HEALTHCARE OF ATLANTA, INC AND THE ATLANTA VETERANS AFFAIRS MEDICAL CENTER ("ATLANTA VA") EMORY UNIVERSITY SCHOOL OF MEDICINE IS A MAJOR SUPPLIER OF THE PHYSICIANS (BOTH MEDICAL FACULTY AND PHYSICIAN RESIDENTS IN TRAINING) AT GRADY, PROVIDING 85% OF PHYSICIAN CARE AT THIS FACILITY, WHICH IS ONE OF THE LARGEST PUBLIC HOSPITALS IN THE SOUTHEAST EMORY UNIVERSITY HOSPITAL, EMORY UNIVERSITY HOSPITAL MIDTOWN, AS WELL AS GRADY, THE ATLANTA VA, AND CHILDREN'S HEALTHCARE OF ATLANTA, INC SERVE AS TEACHING FACILITIES FOR THE EMORY UNIVERSITY SCHOOL OF MEDICINE (PROVIDING VENUES FOR RESIDENCY TRAINING) AND EMORY'S NELL HODGSON WOODRUFF SCHOOL OF NURSING (PROVIDING DEDICATED EDUCATION UNITS FOR NURSING STUDENTS) EMORY UNIVERSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN ALSO ARE ACTIVE SITES WITHIN THE CLINICAL INTERACTION NETWORK OF THE NIH-SPONSORED ATLANTA CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE (ACTSI), WHICH SEEKS TO MAKE CLINICAL TRIALS FOR NEW TREATMENTS MORE EFFICIENT AND MORE AVAILABLE THROUGHOUT THE COMMUNITY EMORY IS THE LEAD PARTNER IN ACTSI, WHICH ALSO INVOLVES MOREHOUSE SCHOOL OF MEDICINE AND THE GEORGIA INSTITUTE OF TECHNOLOGY THROUGH THE EMORY MEDICAL CARE FOUNDATION, INC (EMCF), WHICH IS CONTROLLED BY EMORY UNIVERSITY, EMORY PHYSICIANS PROVIDED \$27.1 MILLION IN UNCOMPENSATED PATIENT CARE TO GRADY IN FY 2016 IN ADDITION, EMCF INVESTS ANY REIMBURSEMENTS THAT EMORY FACULTY DO RECEIVE FOR SERVICES RENDERED AT GRADY TO UPGRADE EQUIPMENT AND SUPPORT VITAL SERVICES PROVIDED BY EMORY PHYSICIANS WORKING AT GRADY EMCF INVESTED \$46 MILLION FOR THIS PURPOSE IN FY 2016 EMORY ALSO PROVIDES 75% OF PHYSICIAN CARE AT CHILDREN'S AT HUGHES SPALDING, A PEDIATRIC HOSPITAL ON GRADY'S CAMPUS OPERATED BY CHILDREN'S HEALTHCARE OF ATLANTA, INC THE TOTAL CHARITY CARE AND COMMUNITY BENEFIT ATTRIBUTED TO THE ORGANIZATION IS LOCATED ON PART I, LINE 7 OF SCHEDULE H FOR A MORE COMPREHENSIVE OVERVIEW OF THE TOTAL CHARITY CARE AND COMMUNITY BENEFIT PROVIDED BY EMORY HEALTHCARE, PLEASE VIEW THE EMORY UNIVERSITY/WOODRUFF HEALTH SCIENCES CENTER COMMUNITY BENEFIT REPORT AT HTTP://WHSC.EMORY.EDU/PUBLICATIONS/COMMUNITY-BENEFITS/INDEX.HTML FOR MORE SPECIFICS AND A BREAKDOWN OF CHARITY CARE BY INDIVIDUAL FACILITY AND FOR A CHART AGGREGATING A VARIETY OF COMMUNITY BENEFITS IN DOLLAR FIGURES SEE http://whsc.emory.edu/publications/community-benefits/cc-overview.html IN COMPARISON WITH OTHER HOSPITALS IN METRO ATLANTA AND THE SURROUNDING COMMUNITY, EMORY HEALTHCARE HOSPITALS ARE REFERRED A DISPROPORTIONATE NUMBER OF PATIENTS WITH EXTREMELY COMPLEX AND CHALLENGING CONDITIONS OTHER AREA HOSPITALS ROUTINELY REFER PATIENTS TO EMORY FOR WHOM THEY HAVE NO OTHER TREATMENT RECOURSE THESE SICKEST-OF-THE-SICK PATIENTS ARE NOT ONLY THE MOST CLINICALLY CHALLENGING BUT ALSO THE MOST COSTLY PATIENTS TO TREAT AT EMORY, SUCH PATIENTS FIND CLINICIANS DETERMINED TO PROVIDE THE BEST, MOST COMPASSIONATE CARE POSSIBLE REGARDLESS OF THESE PATIENTS' ABILITY TO PAY EMORY UNIVERSITY HOSPITAL, IN PARTICULAR, IS NOTED AS A DESTINATION FOR PATIENTS IN THIS HIGH-ACUITY CATEGORY THIS HOSPITAL CONTINUES TO BE IN THE TOP TWENTY OF THE HIGHEST CASE-MIX INDEX OF HOSPITALS IN THE VIZIENT DATABASE F/K/A UNIVERSITY HEALTH SYSTEM CONSORTIUM DATABASE, WHICH MEANS THAT ITS PATIENTS ARE AMONG THE SICKEST TREA</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>TED ANYWHERE IN THE COUNTRY AND INCLUDE PATIENTS ROUTINELY REFERRED FROM HOSPITALS THROUGH OUT ATLANTA AND THE REGION EMORY UNIVERSITY HOSPITAL ALSO PROVIDES SERVICES AND PROCEDURE S AVAILABLE NOWHERE ELSE IN THE STATE, INCLUDING HIGH COMPLEX TRANSPLANT PROCEDURES, AMONG OTHERS EMORY UNIVERSITY HOSPITAL HELPS PIONEER, TEST, AND DEVELOP NEW PROCEDURES THAT EV ENTUALLY MAKE THEIR WAY INTO THE BROADER COMMUNITY OF HEALTH CARE PROVIDERS IN ADDITION, IN PARTNERSHIP WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, EMORY UNIVERSITY HOSPI TAL HAS A SPECIAL ISOLATION UNIT FOR THE CARE OF PATIENTS WITH SERIOUS COMMUNICABLE DISEAS ES - SUCH AS CDC EMPLOYEES WHO HAVE CONFIRMED, PROBABLE, OR SUSPECTED INFECTION WITH OR EX POSURE TO PATHOGENS SUCH AS EBOLA, SMALLPOX, PNEUMONIC PLAGUE, OR SARS THAT ARE ASSOCIATED WITH HIGH INFECTIVITY RATES EMORY UNIVERSITY HOSPITAL MIDTOWN (EUHM), WHICH INCLUDES A L EVEL III NEONATAL INTENSIVE CARE UNIT AMONG ITS OTHER ICUS, ALSO HAS A CASE-MIX INDEX THAT IS CONSIDERABLY HIGHER THAN THAT OF MOST COMMUNITY HOSPITALS IN PARTNERSHIP WITH THE ATL ANTA POLICE DEPARTMENT, EMORY UNIVERSITY HOSPITAL MIDTOWN HAS A MINI ATLANTA POLICE STATIO N PRECINCT ON ITS SITE, WHICH HOUSES NUMEROUS SWORN POLICE EMPLOYEES WITH RESPONSIBILITY F OR PATROLLING MIDTOWN AND DOWNTOWN ATLANTA EUHM SPONSORS PERIODIC WORKDAYS DURING WHICH E MPLOYEES DO CLEAN-UP ACTIVITIES IN THE NEIGHBORHOOD AROUND EUHM EUHM ALSO COLLABORATES WI TH STATE AGENCIES IN GEORGIA AND THE ROSWELL EMPLOYMENT AGENCY BRIGGS & ASSOCIATES ON PROJ ECT SEARCH TO TARGET HIGH SCHOOL SENIORS WITH DEVELOPMENTAL DISABILITIES FOR ONE-ON-ONE JO B TRAINING AND COACHING THESE YOUNG PEOPLE BECOME REGULAR EMPLOYEES, EARNING REGULAR WAGE S EUHM RECEIVED THE "FREEDOM TO COMPETE" AWARD IN 2007 FROM THE EQUAL OPPORTUNITY COMMISS ION FOR ITS ROLE AS THE STARTING LOCATION FOR THIS PROGRAM Emory University Hospital Smyrna (EUHS) has proudly served the health care needs of our neighbors since 1974 EUHS is an 88-bed community hospital that is located in Smyrna (Cobb County) Georgia Originally fou nded as Smyrna Hospital by a group of physicians in 1974, Adventist Health System acquired the hospital in 1976, making it the first healthcare institution in the Atlanta area affi liated with the Seventh-day Adventist Church In 1995, Adventist Health System entered int o a joint venture with Emory Healthcare, thus creating the first hospital co-owned by two leading healthcare providers The facility was renamed Emory-Adventist Hospital In 2015, Emory University acquired Emory-Adventist Hospital and renamed it Emory University Hospita l Smyrna Since 1974, EUHS offered a number of important services to the community includi ng inpatient medical/surgical services, intensive care services, outpatient surgery, diagn ostic imaging, outpatient rehabilitative services (physical therapy/occupational therapy/s peech therapy), and emergency services The facility is anticipated to undergo significant renovation in the upcoming years to better meet the needs of its community</p>

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4 AND SECTION B, LINES 2 AND 3	FOOTNOTE TO FINANCIAL STATEMENTS EMORY UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOOTNOTE #5 NET PATIENT SERVICE REVENUE INCLUDES DISCUSSION ON PROVISIONS FOR UNCOLLECTIBLE ACCOUNTS FOR EMORY HEALTHCARE EMORY UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOOTNOTE #1 ORGANIZATION DESCRIBES WHAT ALL IS INCLUDED IN EMORY HEALTHCARE FOR FINANCIAL REPORTING PURPOSES

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	TREATMENT OF SHORTFALL SHORTFALL IS NOT REPORTED IN LINE 7 COMMUNITY BENEFIT TO DETERMINE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT, THE COST-TO-CHARGE RATIO IS APPLIED TO GROSS PATIENT REVENUE ASSOCIATED WITH SERVICES PERFORMED FOR PATIENTS WHO ARE ELIGIBLE FOR MEDICARE

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	DEBT COLLECTION POLICY CREDIT/COLLECTION POLICY REQUIRES ALL ACCOUNTS TO BE REVIEWED FOR POSSIBLE CHARITY WRITE-OFF COLLECTION PRACTICES ARE NOT UNDERTAKEN WITH RESPECT TO CHARGES RELATED TO SERVICES COVERED BY THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
PART V	FACILITY INFORMATION EMORY UNIVERSITY HOSPITAL (WHICH INCLUDES EMORY ORTHOPAEDICS & SPINE HOSPITAL), EMORY UNIVERSITY HOSPITAL MIDTOWN AND EMORY UNIVERSITY HOSPITAL SMYRNA ARE DIRECTLY CONTROLLED OPERATING DIVISIONS OF EMORY UNIVERSITY

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

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PART V, SECTION B, LINES 13A,13B,15E,16A,16B,16C AND 16I PART I, LINE 3A AND LINE 3B</p> <p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATIONS ARE DISCUSSED WITH PATIENTS DURING THE FINANCIAL SCREENING PROCESS ALL PATIENTS ARE SCREENED AS PART OF THE SCREENING PROCESS, A FINANCIAL ASSISTANCE APPLICATION IS COMPLETED ON BEHALF OF THE PATIENT AND ELIGIBLE PATIENTS ARE NOTIFIED OF THEIR STATUS OF FINANCIAL ASSISTANCE AS EACH APPLICATION IS PROCESSED WE ALSO UTILIZE A MEDICAID ELIGIBILITY VENDOR TO ASSIST PATIENTS IN APPLYING FOR MEDICAID OR OTHER GOVERNMENT PROGRAMS FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY FINANCIAL ASSISTANCE APPLICATION ARE LOCATED AT</p> <p>http //www emoryhealthcare org/patients-visitors/financial-assistance html</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION AS A TERTIARY CARE FACILITY, EMORY UNIVERSITY HOSPITAL (EUH) DRAWS PATIENTS FROM THROUGHOUT THE STATE OF GEORGIA AND THE SOUTHEAST FOR THE PURPOSE OF EUH'S COMMUNITY HEALTH NEEDS ASSESSMENT, EUH'S COMMUNITY IS DEFINED AS THE AREA FROM WHICH OVER 55% OF EUH'S INPATIENT ADMISSIONS ORIGINATE EUH'S COMMUNITY OR PRIMARY SERVICE AREA INCLUDES DEKALB, FULTON, GWINNETT, COBB, HENRY AND CLAYTON COUNTIES IN GEORGIA AS A TERTIARY CARE FACILITY, EMORY UNIVERSITY HOSPITAL MIDTOWN (EUHM) DRAWS PATIENTS FROM THROUGHOUT THE STATE OF GEORGIA AND THE SOUTHEAST FOR THE PURPOSE OF EUHM'S COMMUNITY HEALTH NEEDS ASSESSMENT, EUHM'S COMMUNITY IS DEFINED AS THE AREA FROM WHICH OVER 75% OF EUHM'S INPATIENT ADMISSIONS ORIGINATE EUHM'S COMMUNITY OR PRIMARY SERVICE AREA INCLUDES DEKALB, FULTON, GWINNETT, COBB, HENRY AND CLAYTON COUNTIES IN GEORGIA THE EMORY UNIVERSITY HOSPITAL SMYRNA (EUHS) COMMUNITY IS DEFINED AS THE CONTIGUOUS AREA FROM WHICH OVER 75% OF EUHS'S INPATIENT ADMISSIONS ORIGINATE EUHS'S COMMUNITY OR PRIMARY SERVICE AREA IS COBB COUNTY IN GEORGIA</p>

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH FOR MORE INFORMATION PLEASE SEE "COMMUNITY" AS FOUND AT http //www emoryhealthcare org/about/community html

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3J AND LINE 5	<p>COMMUNITY HEALTH NEEDS ASSESSMENT - INPUT FROM COMMUNITY To understand the needs of the community we serve, a Community Health Needs Assessment was conducted using quantitative data (e g , demographics data, mortality rates, morbidity data, disease prevalence rates, health care resource data, etc) and input from stakeholders representing the broad interest of our community (e g , individuals with special knowledge of public health, the needs of the underserved, low-income, and minority populations, the needs of populations with chronic diseases, etc)</p> <p>COMMUNITY STAKEHOLDER INTERVIEWS A KEY COMPONENT IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IS GATHERING INPUT FROM THE COMMUNITY STAKEHOLDERS THESE STAKEHOLDERS INCLUDED A MIX OF INTERNAL AND EXTERNAL REPRESENTATIVES OF PASTORS, PUBLIC HEALTH OFFICIALS, HEALTH CARE PROVIDERS, SOCIAL SERVICE AGENCY REPRESENTATIVES, GOVERNMENT LEADERS, AND BOARD MEMBERS DUE TO THEIR PROFESSION, TENURE, AND/OR COMMUNITY INVOLVEMENT, COMMUNITY STAKEHOLDERS OFFER DIVERSE PERSPECTIVES AND INFORMATION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT THEY ARE INDIVIDUALS AT THE FRONT LINE AND BEYOND THAT CAN BEST IDENTIFY UNMET SOCIAL AND HEALTH NEEDS OF THE COMMUNITY INTERVIEWS WITH SEVENTEEN REPRESENTATIVES FROM ORGANIZATIONS AND ONE FOCUS GROUP WERE CONDUCTED BY THE WOODRUFF HEALTH SCIENCES CENTER STRATEGIC PLANNING OFFICE FOR MORE INFORMATION SEE APPENDIX B OF EACH COMMUNITY HEALTH NEEDS ASSESSMENT AT http //www emoryhealthcare org/about/community.html</p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A AND LINE 6B	COMMUNITY HEALTH NEEDS ASSESSMENT - HOSPITALS INCLUDED THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR HOSPITALS INCLUDED IN THE EMORY RETURN WERE CONDUCTED BY THE WOODRUFF HEALTH SCIENCES CENTER STRATEGIC PLANNING OFFICE THE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS FOR ADDITIONAL OPERATING UNITS AND AFFILIATES OF EMORY HEALTHCARE INCLUDED EMORY JOHNS CREEK HOSPITAL EMORY SAINT JOSEPH'S HOSPITAL EMORY REHABILITATION HOSPITAL

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7D	COMMUNITY HEALTH NEEDS ASSESSMENT - AVAILABLE TO PUBLIC The Community Health Needs Assessment was made widely available to the community and shared with organizations including Georgia Department of Community Health, Georgia Department of Public Health, Rollins School of Public Health, American Cancer Society, United Way of Greater Atlanta, Saint Joseph's Mercy Care Services, Visiting Nurse Health Systems, VistaCare Hospice, Gwinnett Sexual Assault Center & Children's Advocacy Center, Good Shepherd Clinic, The Drake House, DeKalb Community Service Board, City of John's Creek Police Department, Clayton County Board of Health, Area Agency on Aging with Atlanta Regional Commission, and additional groups

Form and Line Reference	Explanation
PART V, LINE 11	<p>In 2016, Emory Healthcare conducted community health needs assessments (CHNAs) to assess the needs of the communities served by our hospitals. Using the reports, each hospital identified priority health needs for its community and developed strategies to address actionable ways in which we plan to aid those within our community. Through these strategies, it was and continues to be our goal to improve the health and well-being of our community members, while continually delivering optimal care to our patients. Since 2016, Emory Healthcare has sought to address all the needs identified in the 2016 CHNAs through a variety of actions. The 2016 CHNAs include an assessment of progress made on the 2013 implementation strategy plans developed by each hospital. SEE FURTHER DETAILS AT http://www.emoryhealthcare.org/about/community.html</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to
smallest—see instructions)
How many hospital facilities did the
organization operate during the tax year?
4

Name, address, primary website address,
and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	EMORY UNIVERSITY HOSPITAL 1364 CLIFTON ROAD NE ATLANTA, GA 30322 www.emoryhealthcare.org 044-699	X	X		X		X	X			
2	EMORY UNIVERSITY HOSPITAL MIDTOWN 550 PEACHTREE STREET NE ATLANTA, GA 30308 www.emoryhealthcare.org 060-453	X	X		X		X	X			
3	EMORY UNIVERSITY ORTHOPAEDICS & SPINE 1455 MONTREAL ROAD EAST TUCKER, GA 30084 WWW.EMORYHEALTHCARE.ORG 044-636	X	X		X		X				
4	EMORY UNIVERSITY HOSPITAL SMYRNA 3949 SOUTH COBB DRIVE SMYRNA, GA 30080 WWW.EMORYHEALTHCARE.ORG 033-709	X	X								

2015

58-0566256

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EMORY UNIVERSITY EDUCATIONAL (1) ASSISTANCE	9747	246,982,303			

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	MONITORING THE USE OF GRANTS Y Emory University's student aid awards consist of need-based and merit-Based awards Merit-based funding is awarded based upon donor preferences and restrictions or institutional academic criteria Need-based aid is awarded based upon institutional methodology, a standard need analysis formula generally practiced by other private, non-profit peer institutions Student financial aid is awarded to students for educational purposes Award amounts are controlled by educational costs established by the institution and student progress is evaluated at key points in the student lifecycle if the award has contingencies that require such Disbursement controls are in place that require direct costs be paid prior to providing refunds for non-direct educational expenses Emory University is responsible for ensuring that it communicates the relevant and necessary information contained in subcontracted award documents to the subrecipients The Office of Finance, Grants and Contracts maintains a copy of the Subcontract Agreement, which stipulates the terms of the award and is signed by representatives of both Emory University and the subrecipient organization This agreement indicates that the subrecipient understands and is aware of the award requirements In addition, if there are any further changes to the Agreement, an amendment to the agreement is generated and signed by the representative of Emory University and the subrecipient

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

[illegible]

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN ACADEMY OF NURSING 1000 VERMONT AVE WASHINGTON, DC 20005	52-2213870	501(c)(3)	7,000				DONATION
AMERICAN UNIVERSITY GRNTS CONTR ACCG WASH, DC 200168065	53-0196549	501(c)(3)	72,868				RESEARCH/SUBCONTRACT
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE CHICAGO, IL 60611	36-2170833	501(c)(3)	67,175				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
APCO WORLDWIDE INC 700 TWELFTH ST NW WASHINGTON, DC 20005	13-3627625	N/A	22,500				RESEARCH/SUBCONTRACT
ARIZONA STATE UNIVERSITY P O BOX 870502 TEMPE, AZ 85287	86-0196696	GOVT	253,242				RESEARCH/SUBCONTRACT
ARMY WAR COLLEGE FOUNDATION INC 122 FORBES AVENUE CARLISLE, PA 17013	23-2034407	501(c)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASSOCIATION OF FUNDRAISING PROFESSIONALS 4300 WILSON BLVD ARLINGTON, VA 22203	58-1868370	501(c)(3)	10,000				DONATION
ATLANTA RESEARCH & EDUCATION FOUNDATION INC 1902 CLAIRMONT RD DECATUR, GA 30033	58-1857346	501(c)(3)	7,936				RESEARCH/SUBCONTRACT
AXYS PO BOX 872 PINE, CO 804700872	33-0395993	501(c)(3)	6,720				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BATTELLE MEMORIAL INSTITUTE DEPT L 998 COLUMBUS, OH 43260	31-4379427	501(c)(3)	122,342				RESEARCH/SUBCONTRACT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(c)(3)	463,218				RESEARCH/SUBCONTRACT
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(c)(3)	128,932				RESEARCH/SUBCONTRACT

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BLOOD CENTER OF WISCONSIN INC BOX 78961 MILWAUKEE, WI 532780961	39-0807235	501(c)(3)	173,652				RESEARCH/SUBCONTRACT
BLOODWORKS NORTHWEST 921 TERRY AVENUE SEATTLE, WA 981041256	91-1019655	501(c)(3)	335,874				RESEARCH/SUBCONTRACT
BOARD OF REGENTS NSHE BOARD OF REGENTS - UNR RENO, NV 895570124	88-6000024	GOVT	19,497				RESEARCH/SUBCONTRACT

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BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02241	04-2774441	501(c)(3)	11,659				RESEARCH/SUBCONTRACT
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	04-3314093	501(c)(3)	85,095				RESEARCH/SUBCONTRACT
BRIGHAM AND WOMEN'S HOSPITAL 800 BOYLSTON STREET BOSTON, MA 02199	04-2312909	501(c)(3)	727,434				RESEARCH/SUBCONTRACT

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BROOKINGS INSTITUTION 1775 MASS AVENUE NW WASHINGTON, DC 20036	53-0196577	501(c)(3)	219,035				RESEARCH/SUBCONTRACT
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(c)(3)	144,398				RESEARCH/SUBCONTRACT
CAMBRIDGE RESEARCH INSTRUMENTATION INC CALIPER LIFE SCIENCES HOPKINTON, MA 01748	33-0675808	N/A	7,037				RESEARCH/SUBCONTRACT

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CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(c)(3)	607,084				RESEARCH/SUBCONTRACT
CDC FOUNDATION 55 PARK PLACE ATLANTA, GA 30303	58-2106707	501(c)(3)	380,838				RESEARCH/SUBCONTRACT
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD PHILADELPHIA, PA 19178	95-1644600	501(c)(3)	459,388				RESEARCH/SUBCONTRACT

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CENTERS FOR DISEASE CONTROL & PREVENTION UNIV OFFICE PARK ATLANTA, GA 30341	58-6051157	GOVT	3,002,603				RESEARCH/SUBCONTRACT
CHEROKEE NATION P O BOX 948 TAHLEQUAH, OK 74465	73-1497804	GOVT	47,894				RESEARCH/SUBCONTRACT
CHILDREN'S HEALTHCARE OF ATLANTA 1584 TULLIE CIR NE ATLANTA, GA 30341	58-2367819	501(c)(3)	3,394,279				RESEARCH/SUBCONTRACT

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CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 747 52ND STREET OAKLAND, CA 94609	94-0382330	501(c)(3)	26,715				RESEARCH/SUBCONTRACT
CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET PHILADELPHIA, PA 19104	23-1352166	501(c)(3)	264,529				RESEARCH/SUBCONTRACT
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	44-0605373	501(c)(3)	8,288				RESEARCH/SUBCONTRACT

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CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE WASHINGTON, DC 20010	52-1640403	501(c)(3)	152,438				RESEARCH/SUBCONTRACT
CINCINNATI CHILDREN'S HOSPITAL MED CTR 333 BURNETT AVE CINCINNATI, OH 45229	31-0833936	501(c)(3)	508,233				RESEARCH/SUBCONTRACT
CLARK ATLANTA UNIVERSITY 223 JAMES P BRAWLEY DR ATLANTA, GA 30314	58-1825259	501(c)(3)	41,274				RESEARCH/SUBCONTRACT

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CLEVELAND CLINIC FOUNDATION P O BOX 931562 CLEVELAND, OH 441935012	34-0714585	501(c)(3)	7,272				RESEARCH/SUBCONTRACT
COLD SPRING HARBOR LABORATORY PRESS 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(c)(3)	29,978				RESEARCH SUBCONTRACT
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 805232002	84-6000545	GOVT	6,611				RESEARCH/SUBCONTRACT

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COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 100879789	13-5598093	501(c)(3)	117,568				RESEARCH/SUBCONTRACT
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE 151 ELLIS STREET ATLANTA, GA 303032440	13-1685039	501(c)(3)	35,695				RESEARCH/SUBCONTRACT
CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 641807012	43-6003859	GOVT	19,552				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DANA FARBER CANCER INSTITUTE 44 BINNEY ST BOSTON, MA 02115	04-2263040	501(c)(3)	640,974				RESEARCH/SUBCONTRACT
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 037551404	02-0222111	501(c)(3)	6,305				RESEARCH/SUBCONTRACT
DAVALEN LLC 2703 RIVERMONT AVE LYNCHBURG, VA 24503	20-4746353	N/A	138,965				RESEARCH/SUBCONTRACT

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DECATUR BOOK FESTIVAL P O BOX 337 DECATUR, GA 30331	20-8669575	501(c)(3)	5,900				RESEARCH/SUBCONTRACT
DUKE UNIVERSITY PO BOX 602651 DURHAM, NC 27710	56-0532129	501(c)(3)	1,543,659				RESEARCH/SUBCONTRACT
DYSTONIA MEDICAL RESEARCH FOUNDATION ONE EAST WACKER DR CHICAGO, IL 60601	95-3378526	501(c)(3)	104,889				RESEARCH/SUBCONTRACT

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EAST CAROLINA UNIVERSITY GRANTS AND CLINICAL TRIALS CHARLOTTE, NC 282752162	56-6000403	501(c)(3)	17,203				RESEARCH/SUBCONTRACT
EAST GEORGIA REGIONAL MEDICAL CENTER 1499 FAIR RD STATESBORO, GA 30458	58-2190713	501(c)(3)	22,167				RESEARCH/SUBCONTRACT
EAST TENNESSEE STATE UNIVERSITY 1276 GILBREATH DR JOHNSON CITY, TN 37614	62-6021046	501(c)(3)	66,557				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FARMWORKER ASSOCIATION OF FLORIDA INC 1264 APOPKA BLVD APOPKA, FL 32703	59-2683978	501(c)(3)	201,955				DONATION
FENWAY COMMUNITY HEALTH CENTER INC 1340 BOYLSTON STREET BOSTON, MA 02215	04-2510564	501(c)(3)	33,930				RESEARCH/SUBCONTRACT
FLORIDA A&M UNIVERSITY S ADAMS ST TALLAHASSEE, FL 323073200	59-0977035	GOVT	49,961				RESEARCH/SUBCONTRACT

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FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	65-0177616	501(c)(3)	16,840				RESEARCH/SUBCONTRACT
FLORIDA STATE UNIVERSITY 425 W JEFFERSON ST TALLAHASSEE, FL 32306	59-1961248	GOVT	140,194				DONATION
FORWARD ATLANTA 235 A YOUNG INTL BLVD ATLANTA, GA 30303	58-0145520	501(c)(6)	13,334				RESEARCH/SUBCONTRACT

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FOUNDATION FOR PHYSICAL THERAPY 1111 N Fairfax St ALEXANDRIA, VA 22314	13-6161225	501(c)(3)	7,825				RESEARCH/SUBCONTRACT
FRED HUTCHINSON CANCER RESEARCH CTR 1100 FAIRVIEW AVE SEATTLE, WA 98109	23-7156071	501(c)(3)	430,842				RESEARCH/SUBCONTRACT
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVE DANVILLE, PA 17822	24-0795959	501(c)(3)	51,622				RESEARCH/SUBCONTRACT

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GENESEGUES INC 3180 HIGH POINT CHASKA, MN 55318	41-1955104	N/A	145,078				RESEARCH/SUBCONTRACT
GEORGIA CHAMBER OF COMMERCE PO BOX 102676 ATLANTA, GA 303680676	58-1537370	501(c)(6)	11,500				RESEARCH/SUBCONTRACT
GEORGIA DEPARTMENT OF PUBLIC HEALTH 2 PEACHTREE ST NW ATLANTA, GA 30303	90-0676388	GOVT	35,908				RESEARCH/SUBCONTRACT

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GEORGIA INSTITUTE OF TECHNOLOGY 500 TECH PARKWAY ATLANTA,GA 30332	58-6002023	GOVT	477,316				DONATION
GEORGIA MENTAL HEALTH CONSUMERS NETWORK 246 SYCAMORE ST DECATUR,GA 30030	58-1981093	501(c)(3)	7,361				RESEARCH/SUBCONTRACT
GEORGIA MOUNTAINS HEALTH SERVICES INC PO BOX 540 MORGANTON,GA 30560	58-1649042	501(c)(3)	50,000				DONATION

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GEORGIA PERIMETER COLLEGE 3251 PANTHERSVILLE RD DECATUR, GA 30034	58-1660133	GOVT	48,610				DONATION
GEORGIA REGENTS RESEARCH INSTITUTE INC 1120 15TH STREET AUGUSTA, GA 30912	58-1418202	501(c)(3)	13,956				RESEARCH/SUBCONTRACT
GEORGIA SOUTHERN UNIVERSITY RESEARCH AND SERVICE F PO BOX 8005 STATESBORO, GA 30460	58-2354256	501(c)(3)	26,060				RESEARCH/SUBCONTRACT

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GEORGIA STATE UNIV RESEARCH FDN P O BOX 3999 ATLANTA,GA 30302	58-1845423	501(c)(3)	431,879				RESEARCH/SUBCONTRACT
GEORGIA STATE UNIVERSITY ONE PARK PLACE ATLANTA,GA 30303	58-6002050	GOVT	104,205				RESEARCH/SUBCONTRACT
GEORGIA TECH FOUNDATION 760 Spring Street NW ATLANTA,GA 30308	58-6043294	501(c)(3)	75,000				RESEARCH/SUBCONTRACT

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GEORGIA TECH RESEARCH CORPORATION P O BOX 100117 ATLANTA, GA 30384	58-0603146	501(c)(3)	5,178,023				RESEARCH/SUBCONTRACT
GEORGIA TRANSPLANT FOUNDATION 500 SUGAR MILL RD ATLANTA, GA 30350	58-2075193	501(c)(3)	16,667				RESEARCH/SUBCONTRACT
GRADY HEALTH FOUNDATION GRADY MEMORIAL HOSPITAL ATLANTA, GA 30303	58-2130437	501(c)(3)	30,375				RESEARCH/SUBCONTRACT

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GRADY HEALTH SYSTEM 50 HURT PLAZA ATLANTA, GA 30303	26-2037695	501(c)(3)	107,166				RESEARCH/SUBCONTRACT
HEALTH RESEARCH INC 150 BROADWAY MENANDS, NY 12204	14-1402155	501(c)(3)	171,192				RESEARCH/SUBCONTRACT
HEALTHMPOWERS INC 3200 POINTE PKWY STE 400 NORCROSS, GA 30092	58-2524601	501(c)(3)	187,916				RESEARCH/SUBCONTRACT

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HEALTHPARTNERS INSTITUTE PO BOX 1524 MINNEAPOLIS, MN 554401524	41-1670163	501(c)(3)	11,576				RESEARCH/SUBCONTRACT
HENRY FORD HEALTH SYSTEM ONE FORD PLACE DETROIT, MI 48202	38-1357020	501(c)(3)	25,432				RESEARCH/SUBCONTRACT
HJF MEDICAL RESEARCH INTERNATIONAL INC 6720A ROCKLEDGE DR BETHESDA, MD 20817	52-2322791	501(c)(3)	32,151				RESEARCH/SUBCONTRACT

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(c)(3)	174,735				RESEARCH/SUBCONTRACT
ICF INCORPORATED LLC PO BOX 536259 PITTSBURGH, PA 152535904	52-0893615	N/A	589,666				RESEARCH/SUBCONTRACT
INDIANA HEMOPHILIA & THROMBOSIS CENTER INC 8326 NAAB ROAD INDIANAPOLIS, IN 46260	35-2047838	501(c)(3)	6,550				RESEARCH/SUBCONTRACT

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INDIANA UNIVERSITY PO Box 66057 INDIANAPOLIS, IN 462666057	35-6001673	GOVT	20,095				RESEARCH/SUBCONTRACT
INNOVATIVE SOLUTIONS FOR DISADVANTAGED AND DISABIL 750 HAMMOND DRIVE ATLANTA, GA 30328	20-1060068	501(c)(3)	40,978				RESEARCH/SUBCONTRACT
INTERNATIONAL MEDICAL INDUSTRIES INC 2881 WEST MCNAB RD POMPANO BEACH, FL 33069	65-0699701	n/a	34,827				RESEARCH/SUBCONTRACT

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JAMES MADISON UNIVERSITY 800 S MAIN STREET HARRISONBURG, VA 22807	54-6001756	501(c)(3)	5,211				DONATION
JOHNS HOPKINS UNIVERSITY 733 N BROADWAY BALTIMORE, MD 21205	52-0595110	501(c)(3)	1,194,574				RESEARCH/SUBCONTRACT
KAISER PERMANENTE FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST OAKLAND, CA 946123433	94-1105628	501(c)(3)	521,672				RESEARCH/SUBCONTRACT

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KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-0607971	501(c)(3)	10,999				RESEARCH/SUBCONTRACT
KITWARE INC 28 CORPORATE DR CLIFTON PARK, NY 12065	14-1802694	n/a	544,064				RESEARCH/SUBCONTRACT
LA JOLLA INSTITUTE OF ALLERGY&IMMUNOLOGY 9420 ATHENA CIR LA JOLLA, CA 92037	33-0328688	501(c)(3)	230,126				RESEARCH/SUBCONTRACT

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LEHIGH UNIVERSITY 526 BROADHEAD AVE BETHLEHEM, PA 18015	24-0795445	501(c)(3)	75,692				RESEARCH/SUBCONTRACT
LOUISIANA STATE UNIV HEALTH SCIENCES CTR 433 BOLIVAR ST NEW ORLEANS, LA 701122223	72-6087770	501(c)(3)	104,540				DONATION
LOVELACE RESPIRATORY RESEARCH INSTITUTE 2425 RIDGECREST DR ALBUQUERQUE, NM 87108	85-0110669	501(c)(3)	21,296				RESEARCH/SUBCONTRACT

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MARCH OF DIMES 1776 PEACHTREE ST STE 100 ATLANTA,GA 30309	13-1846366	501(c)(3)	15,000				RESEARCH/SUBCONTRACT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 02114	04-1564655	501(c)(3)	333,317				DONATION
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE CAMBRIDGE,MA 02139	04-2103594	501(c)(3)	200,878				RESEARCH/SUBCONTRACT

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MASSACHUSETTS UNIVERSITY OF 333 SOUTH ST SHREWSBURY, MA 01545	04-3167352	GOVT	134,215				RESEARCH/SUBCONTRACT
MAX PLANCK FLORIDA INST FOR NEUROSCIENCE ONE MAX PLANCK WAY JUPITER, FL 33458	26-2117502	501(c)(3)	40,810				RESEARCH/SUBCONTRACT
MAYO CLINIC P O BOX 860334 MINNEAPOLIS, MN 55486	59-3337028	501(c)(3)	23,733				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVE CHARLESTON, SC 294258040	57-6007222	GOVT	328,405				RESEARCH/SUBCONTRACT
MEDSHARE INTERNATIONAL INC 3240 CLIFTON SPRINGS RD ATLANTA, GA 30034	58-2433968	501(c)(3)		261,049	FMV	MEDICAL SUPPLIES	DONATION
MERCER UNIVERSITY GRANTS CONTRACTS MACON, GA 31207	58-0566167	501(c)(3)	74,735				RESEARCH/SUBCONTRACT

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METACLIPSE THERAPEUTICS CORPORATION 3175 PRESIDENTIAL DR ATLANTA, GA 30340	80-0937738	N/A	50,065				RESEARCH/SUBCONTRACT
METRO ATLANTA CHAMBER 235 A YOUNG INTL BLVD ATLANTA, GA 30303	58-0145520	501(c)(6)	6,500				RESEARCH/SUBCONTRACT
MIAMI UNIVERSITY 501 East High Street Oxford, OH 45056	31-6402089	GOVT	133,033				DONATION

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MINNESOTA EPILEPSY GROUP 225 NORTH SMITH AVE ST PAUL, MN 55102	41-1678254	N/A	110,175				RESEARCH/SUBCONTRACT
MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 MISSISSIPPI STATE, MS 39762	64-6000819	GOVT	7,604				RESEARCH/SUBCONTRACT
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873	501(c)(3)	970,944				RESEARCH/SUBCONTRACT

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MOUNT SINAI SCHOOL OF MEDICINE BOX 3500 NEW YORK, NY 10029	13-6171197	501(c)(3)	228,696				RESEARCH/SUBCONTRACT
MUSCULAR DYSTROPHY ASSOCIATION 2310 PARKLAKE DRIVE ATLANTA, GA 30345	13-1665552	501(c)(3)	6,000				RESEARCH/SUBCONTRACT
NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES INC (71 WEST 23RD ST NEW YORK, NY 10010	23-7009089	501(c)(3)	391,421				RESEARCH/SUBCONTRACT

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NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	65,044				RESEARCH/SUBCONTRACT
NEIGHBORS BUILDING NEIGHBORHOODS INC 207 N SECOND STREET MUSKOGEE, OK 74401	73-1600003	N/A	100,280				RESEARCH/SUBCONTRACT
NEUROSCIENCE SOCIETY FOR P O BOX 630538 BALTIMORE, MD 212630538	52-0895843	501(c)(3)	7,000				RESEARCH/SUBCONTRACT

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NEW YORK CITY HEALTH AND HOSPITALS CORP 125 WORTH ST ROOM 507 NEW YORK, NY 10013	13-2655001	GOVT	264,361				RESEARCH/SUBCONTRACT
NEW YORK UNIVERSITY 105 EAST 17TH STREET NEW YORK, NY 10012	13-5562308	501(c)(3)	750,368				RESEARCH/SUBCONTRACT
NORC AT THE UNIVERSITY OF CHICAGO 54 E MONROW ST STE 2000 CHICAGO, IL 60603	36-2167808	501(c)(3)	160,545				RESEARCH/SUBCONTRACT

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NORTH CAROLINA STATE CAMPUS BOX 7008 RALEIGH, NC 27695	56-6000756	GOVT	23,603				RESEARCH/SUBCONTRACT
NORTH SHORE JEWISH MEDICAL CENTER THE FEINSTEIN INST MANHASSET, NY 110303816	11-2673595	501(c)(3)	14,524				RESEARCH/SUBCONTRACT
NORTHWESTERN UNIVERSITY 750 NORTH LAKESHORE DR CHICAGO, IL 60611	36-2167817	501(c)(3)	241,345				RESEARCH/SUBCONTRACT

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NOVA SOUTHEASTERN 3301 COLLEGE AVE FORT LAUDERDALE, FL 33314	59-1083502	501(c)(3)	11,153				DONATION
OAKHURST MEDICAL CENTER 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(c)(3)	36,683				RESEARCH/SUBCONTRACT
OKLAHOMA STATE UNIVERSITY FOUNDATION 401 WHITEHURST STILLWATER, OK 740781031	73-6097060	501(c)(3)	108,154				RESEARCH/SUBCONTRACT

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OREGON HEALTH & SCIENCE UNIV FOUNDATION 3181 SW S JACKSON PK RD PORTLAND, OR 97239	23-7083114	501(c)(3)	44,685				RESEARCH/SUBCONTRACT
PALO ALTO VETERANS INSTITUTE FOR RESEARCH PO BOX V-38 PALO ALTO, CA 94304	77-0207331	501(c)(3)	287,374				RESEARCH/SUBCONTRACT
PEDIATRIC NEPHROLOGY OF ALABAMA 1425 RICHARD ARRINGTON JR BLVD SOUT BIRMINGHAM, AL 35205	27-2835987	N/A	17,737				RESEARCH/SUBCONTRACT

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PHYSICAL SCIENCES INC 20 NEW ENGLAND BUS CTR ANDOVER, MA 01810	04-2517090	N/A	72,192				RESEARCH/SUBCONTRACT
PIEDMONT HOSPITAL 1968 PEACHTREE RD ATLANTA, GA 30309	58-0566213	501(c)(3)	6,349				RESEARCH/SUBCONTRACT
PRAIRIE VIEW A & M UNIVERSITY 399 H MITCHELL PKWY S COLLEGE STN, TX 77845	74-6001078	501(c)(3)	24,797				RESEARCH/SUBCONTRACT

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PRESIDENT & FELLOWS OF HARVARD COLLEGE 122 BOYLSTON ST JAMACIA PLAINS, MA 02130	04-2103580	501(c)(3)	45,567				RESEARCH/SUBCONTRACT
PRINCETON THEOLOGICAL SEMINARY P O BOX 821 PRINCETON, NJ 08542	21-0635010	Religious	7,500				RESEARCH/SUBCONTRACT
PRINCETON UNIVERSITY 4 NEW SOUTH BUILDING PRINCETON, NJ 08544	21-0634501	501(c)(3)	124,186				RESEARCH/SUBCONTRACT

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PUBLIC HEALTH SOLUTIONS 40 WORTH STREET NEW YORK, NY 10013	13-5669201	501(c)(3)	47,613				RESEARCH/SUBCONTRACT
PUGET SOUND BLOOD CENTER 921 TERRY AVE SEATTLE, WA 98104	91-1019655	501(c)(3)	259,915				RESEARCH/SUBCONTRACT
REGENTS OF THE UNIV OF CALIFORNIA IRVINE 1400 BIO SCIENCES 3 IRVINE, CA 92697	95-2226406	GOVT	165,148				RESEARCH/SUBCONTRACT

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REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	GOVT	1,297,291				RESEARCH/SUBCONTRACT
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(c)(3)	16,223				DONATION
ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 100216399	13-1624158	501(c)(3)	396,507				RESEARCH/SUBCONTRACT

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ROSALIND FRANKLIN UNIV OF MEDICINE AND SCIENCE 3333 GREEN BAY RD NORTH CHICAGO, IL 600643037	36-2181973	501(c)(3)	6,004				RESEARCH/SUBCONTRACT
ROWAN UNIVERSITY 201 MULLICA HILL RD GLASSBORO, NJ 08028	22-2764819	GOVT	47,218				RESEARCH/SUBCONTRACT
RTI INTERNATIONAL PO BOX 900002 RALEIGH, NC 276759000	56-0686338	501(c)(3)	5,468				RESEARCH/SUBCONTRACT

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RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST CHICAGO, IL 60612	36-2174823	501(c)(3)	38,520				DONATION
RUTGERS UNIVERSITY 64 DAVIDSON RD PISCATAWAY, NJ 088545602	22-6001086	GOVT	100,251				RESEARCH/SUBCONTRACT
SAGE BIONETWORKS 1100 FAIRVIEW AVE N SEATTLE, WA 98109	26-4489946	501(c)(3)	96,684				RESEARCH/SUBCONTRACT

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SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL ST LOUIS, MO 63108	43-0654872	501(c)(3)	309,669				RESEARCH/SUBCONTRACT
SAN FRANCISCO GENERAL HOSPITAL FDT PO BOX 410836 SAN FRANCISCO, CA 94141	94-3189424	501(c)(3)	9,900				RESEARCH/SUBCONTRACT
SANERGY INC PO BOX 550288 ATLANTA, GA 30355	36-4688468	501(c)(3)	10,351				RESEARCH/SUBCONTRACT

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SEATTLE CHILDREN'S RESEARCH INSTITUTE PO BOX 24728 SEATTLE, WA 981240728	91-1250116	501(c)(3)	545,799				RESEARCH/SUBCONTRACT
SHEPHERD CENTER 2020 PEACHTREE RD NW ATLANTA, GA 303091465	51-0141601	501(c)(3)	31,600				DONATION
SISTERLOVE INC P O BOX 10558 ATLANTA, GA 30310	58-2016070	501(c)(3)	32,000				RESEARCH/SUBCONTRACT

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SKYLAND TRAIL 1961 N Druid Hills rd ATLANTA, GA 30329	58-1489941	501(c)(3)	14,000				RESEARCH/SUBCONTRACT
SPECTRUM HEALTH SYSTEM 100 MICHIGAN STE NE MC 043 GRAND RAPIDS, MI 49503	38-3382353	501(c)(3)	15,526				RESEARCH/SUBCONTRACT
SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA, GA 30314	58-0566243	501(c)(3)	53,063				RESEARCH/SUBCONTRACT

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ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 100 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(c)(3)	25,378				DONATION
STANFORD UNIVERSITY P O BOX 44253 STANFORD, CA 94305	94-1156365	501(c)(3)	1,035,417				RESEARCH/SUBCONTRACT
STATE UNIVERSITY OF NEW YORK PO BOX 8 ALBANY, NY 12222	14-6013200	GOVT	15,483				RESEARCH/SUBCONTRACT

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T J MARTELL FOUNDATION 729 7TH AVE 16TH FLOOR NEW YORK, NY 10019	51-0180178	501(c)(3)	7,000				RESEARCH/SUBCONTRACT
TEMPLE UNIVERSITY 1801 N BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(c)(3)	153,213				RESEARCH/SUBCONTRACT
TEXAS A & M UNIVERSITY 400 H MITCHELL PKWY S COLLEGE STN, TX 77845	74-6000531	GOVT	36,655				RESEARCH/SUBCONTRACT

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TEXAS BIOMEDICAL RESEARCH INSTITUTE PO BOX 760549 SAN ANTONIO, TX 78245	74-1109630	501(c)(3)	283,082				RESEARCH/SUBCONTRACT
THE AARON DIAMOND AIDS RESEARCH CENTER 455 FIRST AVE 7TH FL NEW YORK, NY 10016	13-3540234	501(c)(3)	496,937				RESEARCH/SUBCONTRACT
THE FEINSTEIN INSTITUTE FOR MED RESEARCH 350 COMMUNITY DR MANHASSET, NY 11030	11-2673595	501(c)(3)	165,896				RESEARCH/SUBCONTRACT

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THE HENRY M JACKSON FOUNDATION 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1317896	501(c)(3)	185,306				RESEARCH/SUBCONTRACT
THE MARFAN FOUNDATION INC 22 MAHNASSET AVE PORT WASHINGTON, NY 11050	52-1265361	501(c)(3)	10,000				RESEARCH/SUBCONTRACT
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANT RD MILWAUKEE, WI 53226	39-0806261	501(c)(3)	6,539				RESEARCH/SUBCONTRACT

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THE METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382	GOVT	34,125				RESEARCH/SUBCONTRACT
THE NEMOURS FOUNDATION 10140 CENTURION PKWY JACKSONVILLE, FL 32256	59-0634433	501(c)(3)	11,213				RESEARCH/SUBCONTRACT
THE OHIO STATE UNIVERSITY 90 I WOODY HAYES DR COLUMBUS, OH 43210	31-6025986	GOVT	172,632				RESEARCH/SUBCONTRACT

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THE PEDIATRIC CENTER OF GEORGIA 2015 UPPERGATE DRIVE ATLANTA, GA 30322	58-1692698	501(c)(3)	600,000				RESEARCH/SUBCONTRACT
THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(c)(3)	577,383				RESEARCH/SUBCONTRACT
THE TASK FORCE FOR GLOBAL HEALTH 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(c)(3)	2,728,435				RESEARCH/SUBCONTRACT

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THE UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEGE AVE ATHENS, GA 30602	58-6033837	501(c)(3)	317,070				RESEARCH/SUBCONTRACT
TRINITY COLLEGE 300 SUMMIT ST HARTFORD, CT 06106	06-0646927	501(c)(3)	16,230				RESEARCH/SUBCONTRACT
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(c)(3)	13,213				RESEARCH/SUBCONTRACT

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TRUSTEES OF THE UNIVERSITY OF PENN 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	GOVT	387,600				RESEARCH/SUBCONTRACT
TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(c)(3)	29,612				RESEARCH/SUBCONTRACT
TULANE UNIVERSITY 100 JONES HALL NEW ORLEANS, LA 70118	72-0423889	501(c)(3)	1,027,870				RESEARCH/SUBCONTRACT

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UCLA P O BOX 951432 LOS ANGELES, CA 90095	95-6006143	GOVT	8,250				RESEARCH/SUBCONTRACT
UCSD MEDICAL CENTER 9499 GILMAN DR LA JOLLA, CA 920930009	33-0640929	GOVT	8,772				RESEARCH/SUBCONTRACT
UGA RESEARCH FOUNDATION INC 200 DW BROOKS DRIVE ATHENS, GA 30602	58-1353149	501(c)(3)	1,723,505				RESEARCH/SUBCONTRACT

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UNIVERSITY OF ALABAMA - BIRMINGHAM 1530 3rd AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	GOVT	2,063,132				RESEARCH/SUBCONTRACT
UNIVERSITY OF ARIZONA 1040 E 4TH ST TUSCON, AZ 85721	74-2652689	GOVT	173,789				RESEARCH/SUBCONTRACT
UNIVERSITY OF ARKANSAS 210 ADMIN BLDG FAYETTEVILLE, AR 72701	71-6003252	GOVT	58,772				RESEARCH/SUBCONTRACT

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UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637	36-2177139	501(c)(3)	492,537				RESEARCH/SUBCONTRACT
UNIVERSITY OF CINCINNATI PO BOX 932368 CLEVELAND, OH 44193	31-6000989	GOVT	140,846				RESEARCH/SUBCONTRACT
UNIVERSITY OF COLORADO AT DENVER 13199 EAST MONTVIEW DENVER, CO 80291	84-6000555	GOVT	397,225				RESEARCH/SUBCONTRACT

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UNIVERSITY OF FLORIDA 201 CRISER HALL GAINESVILLE, FL 32604	59-6002052	GOVT	205,083				RESEARCH/SUBCONTRACT
UNIVERSITY OF GEORGIA RM 111 MEMORIAL HALL ATHENS, GA 30602	56-6001998	GOVT	6,232				RESEARCH/SUBCONTRACT
UNIVERSITY OF ILLINOIS 504 EAST PENN AVE CHAMPAIGN, IL 61820	37-6000511	GOVT	141,270				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF IOWA 100 MOSSMAN BUS SVS IOWA CITY, IA 52242	42-6004813	GOVT	333,171				RESEARCH/SUBCONTRACT
UNIVERSITY OF KENTUCKY RESEARCH FDN 301 PETERSON SVC BLDG LEXINGTON, KY 40506	61-6033693	GOVT	55,902				RESEARCH/SUBCONTRACT
UNIVERSITY OF LOUISVILLE RESEARCH FDN CTRS OFFICE LOUISVILLE, KY 402021959	61-1029626	501(c)(3)	63,885				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF MARYLAND P O BOX 41428 BALTIMORE, MD 21201	52-6002033	GOVT	138,117				RESEARCH/SUBCONTRACT
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(c)(3)	298,740				RESEARCH/SUBCONTRACT
UNIVERSITY OF MICHIGAN 2901 HUBBARD ST ANN ARBOR, MI 48109	38-6006309	GOVT	900,160				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF MINNESOTA 1300 S 2ND MINNEAPOLIS, MN 55454	41-6007513	GOVT	706,167				RESEARCH/SUBCONTRACT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER OFF OF SPON PROGRAMS JACKSON, MS 392164505	64-6008520	501(c)(3)	28,466				RESEARCH/SUBCONTRACT
UNIVERSITY OF MONTANA THE 35 CAMPUS DRIVE MISSOULA, MT 59812	81-6001713	GOVT	15,000				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF NEBRASKA BOARD OF REGENTS 985045 NE MED CNTR OMAHA, NE 681985045	47-0049123	GOVT	1,188,345				RESEARCH/SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 103 SOUTH BUILDING CHAPEL HILL, NC 27599	56-6001393	GOVT	340,266				RESEARCH/SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA-WILMINGTON 600 S COLLEGE RD WILMINGTON, NC 284035934	56-1258660	GOVT	80,190				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE DENTON, TX 76203	75-6002149	GOVT	38,191				RESEARCH/SUBCONTRACT
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501(c)(3)	1,227,316				RESEARCH/SUBCONTRACT
UNIVERSITY OF ROCHESTER 115 SULLYS TRAIL PITTSFORD, NY 14534	16-0743209	501(c)(3)	370,928				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD MOBILE, AL 36688	63-0477348	GOVT	138,396				RESEARCH/SUBCONTRACT
UNIVERSITY OF SOUTH CAROLINA 1400 GREENE ST COLUMBIA, SC 29208	57-6001153	GOVT	33,991				RESEARCH/SUBCONTRACT
UNIVERSITY OF SOUTHERN CALIFORNIA 3540 S FIGUEROA ST LOS ANGELES, CA 90007	95-1642394	GOVT	166,022				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF TENNESSEE 527 ANDY HOLD TOWER KNOXVILLE, TN 37996	62-6001636	GOVT	41,051				RESEARCH/SUBCONTRACT
UNIVERSITY OF TEXAS 5323 HARRY HINES BLVD DALLAS, TX 75284	75-6002868	GOVT	114,065				RESEARCH/SUBCONTRACT
UNIVERSITY OF UTAH 201 S 1460 E SALT LAKE CITY, UT 84112	87-6000525	GOVT	174,476				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF VIRGINIA PO BOX 400127 CHARLOTTESVILLE, VA 22904	54-6001796	GOVT	111,419				RESEARCH/SUBCONTRACT
UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY SEATTLE, WA 98195	91-6001537	GOVT	1,358,675				RESEARCH/SUBCONTRACT
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 53726	39-1805963	GOVT	656,519				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 51 COLLEGE RD DURHAM, NH 038243585	26-0000937	GOVT	166,374				RESEARCH/SUBCONTRACT
UNLIMITED TECHNOLOGY SYSTEMS LLC 11501 NORTHLAKE DR CINCINNATI, OH 45249	81-0614161	N/A	65,000				RESEARCH/SUBCONTRACT
UT SOUTHWESTERN 5312 HARRY HINES BLVD DALLAS, TX 75284	74-6000203	GOVT	12,519				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UTAH STATE UNIVERSITY PO BOX 410027 SALT LAKE CITY, UT 841410027	87-6000528	govt	45,026				RESEARCH/SUBCONTRACT
VANDERBILT UNIVERSITY 2361 VANDERBILT PLACE NASHVILLE, TN 37212	62-0476822	501(c)(3)	740,239				RESEARCH/SUBCONTRACT
W L CLIFTON POLITICAL CONSULTING 378 ARIZONA AVE NE ATLANTA, GA 30307	26-1543465	N/A	7,500				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTONSALEM, NC 27157	22-3849199	501(c)(3)	271,657				RESEARCH/SUBCONTRACT
WASHINGTON STATE UNIVERSITY 240 FRENCH ADMN BLDG PULLMAN, WA 991641025	91-6001108	govt	33,398				DONATION
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST LOUIS, MO 63110	43-0653611	501(c)(3)	486,803				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT, MI 48202	38-6028429	GOVT	20,690				RESEARCH/SUBCONTRACT
WEST VIRGINIA UNIVERSITY PO BOX 6002 MORGANTOWN, WV 26506	55-6000842	GOVT	54,985				RESEARCH/SUBCONTRACT
WUQU' KAWOQ MAYA HEALTH ALLIANCE PO BOX 91 BETHEL, VT 05032	20-8741625	501(c)(3)	18,165				RESEARCH/SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(c)(3)	93,183				RESEARCH/SUBCONTRACT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
EMORY UNIVERSITY

Employer identification number
58-0566256

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on 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 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	QUESTIONS REGARDING COMPENSATION First Class or Charter Travel First class travel is not allowed unless it is the only seat available on a required flight or is a medical necessity for the employee Travel for Companions With the exception of the President, reimbursement or payment of the travel expenses of an eligible employee's family member must normally be pre-approved by the President or appropriate Executive Vice President or Senior Vice President The travel expenses of an eligible employee's family member may be paid for or reimbursed by Emory University and are not included in the employee's taxable income, provided the employee can establish that the presence of his or her family member serves a "bona fide business purpose" as defined in the Treasury Regulations A family member's presence is considered to serve a bona fide business purpose if the individual has a significant role in the proceedings or makes an important contribution to the success of the event If attendance of an eligible employee's family member is desirable but does not serve a bona fide business purpose to Emory, any such payment or reimbursement for such family member's travel expenses will be a taxable payment Tax indemnification and gross up payments Emory University does not make tax indemnification or gross-up payments to executive staff members unless agreed to prior to payment Pursuant to an initial employment agreement, Susan Cruse received a tuition benefit, which included a tax gross-up payment, of \$36,302 Housing allowance or residence for personal use Emory University provides an on-campus residence for the President The President must live in this residence as a requirement of his job and utilize the residence for University business purposes Emory University provided a housing allowance to its VP Finance/CFO This allowance is included in taxable income on Form W-2 Health or social club dues or initiation fees Emory University provides certain executives with taxable compensation to reimburse the expense of membership dues and appropriate initiation fees for a social or country club used for Emory University business entertainment purposes S Wright Caughtman \$5,531 Susan Cruse \$4,200 Claire Sterk \$4,200
FORM 990, SCHEDULE J, PART I, LINE 3	ESTABLISHING COMPENSATION The President's compensation is approved by the Executive Compensation and Trustees' Conflict of Interest Committee of the EMORY UNIVERSITY Board of Trustees, composed of outside trustees The recommendation is based on compensation survey data with periodic review by an independent compensation consultant
FORM 990, SCHEDULE J, PART I, LINE 4B	NON-QUALIFIED RETIREMENT PLAN Certain executives participate in a supplemental retirement plan intended to make up for limits on compensation in the qualified retirement plan Peter Barnes \$14,917 Mary L Cahill \$35,100 Susan Cruse \$31,050 Michael J Mandl \$59,310 Richard A Mendola \$29,160 Ajay Nair \$12,150 Stephen D Sencer \$23,400 Claire E Sterk \$34,200 James W Wagner \$73,539
FORM 990, SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS Edith Murphree received a \$10,000 performance bonus MARY L CAHILL, EMORY UNIVERSITY'S CHIEF INVESTMENT OFFICER, PARTICIPATES IN AN INCENTIVE PLAN THAT HAS A DEFERRED COMPONENT IN 2015, MS CAHILL EARNED AN INCENTIVE AWARD OF \$1,114,750 \$668,850 OF THE INCENTIVE AWARD WAS DISTRIBUTED IN 2015, AS DESCRIBED BELOW, AND \$445,900 OF THE INCENTIVE AWARD WAS DEFERRED THIS DEFERRED PORTION OF THE INCENTIVE AWARD VESTS IN PART IN 2016 AND IN PART IN 2017 AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE IN 2015, MS CAHILL VESTED IN AND RECEIVED A DISTRIBUTION OF INCENTIVE COMPENSATION OF \$1,016,175, WHICH WAS COMPOSED OF DEFERRED INCENTIVE AWARDS FROM 2013 AND 2014 OF \$347,325 AS WELL AS \$668,850 OF THE INCENTIVE AWARD THAT WAS EARNED IN 2015
FORM 990, SCHEDULE J, PART II, COLUMN C & COLUMN F	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN For purposes of retention, Emory University made contributions to 457(f) deferred compensation accounts for the following individuals, which ARE not vested and ARE subject to a substantial risk of forfeiture Walter J Curran MD \$75,000 Susan Grant \$61,500 Daniel Owens \$52,500 Dane Peterson \$78,750 Claire Sterk \$92,250 The following individuals received a payout of vested deferred compensation awards made during prior years These awards were reported as deferred compensation in those years on Form 990 S Wright Caughtman \$1,077,505 John T Fox \$554,125 Susan Grant \$76,000 Michael J Mandl \$1,035,811 Dane Peterson \$61,142 James W Wagner \$2,368,341
FORM 990, Part VII & Sch J Part II - Titles	Michael M E Johns, MD - Interim E V P Health Affairs CAROL KISSAL - VP-FINANCE, CHIEF FINANCIAL OFFICER Jonathan Lewin - EVP Health Affairs, Executive Director Woodruff Health Sciences Center, President, CEO and Chairman of the Board of Emory Healthcare Michael J Mandl - EVP Business & Administration, Interim CEO - Emory Healthcare

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Peter Barnes VP-Human Resources	(i)	420,767	0	14,917	23,850	8,112	467,646	0
	(ii)	0	0	0	0	- 0	- 0	0
1Mary L Cahill VP-Investments and CIO	(i)	648,144	1,016,175	35,100	469,050	17,140	2,185,609	347,325
	(ii)	0	0	0	0	- 0	- 0	0
2Susan Cruse SVP-Dev/Alum Relations	(i)	582,818	0	86,552	23,850	23,103	716,323	0
	(ii)	0	0	0	0	- 0	- 0	0
3Allison Dykes VP-University Secretary	(i)	317,785	0	0	23,850	10,056	351,691	0
	(ii)	0	0	0	0	- 0	- 0	0
4Michael ME Johns MD See Sch J Part III	(i)	258,525	0	54,942	31,969	4,110	349,546	0
	(ii)	160,231	50,000	30	0	- 7,840	- 218,101	0
5Carol Kissal SEE SCH J PART III	(i)	399,781	0	54,300	23,850	21,845	499,776	0
	(ii)	0	0	0	0	- 0	- 0	0
6Jerry Lewis SVP-Communications	(i)	356,692	0	900	23,850	6,702	388,144	0
	(ii)	0	0	0	0	- 0	- 0	0
7Michael J Mandl See Sch J Part III	(i)	494,477	0	2,019,190	35,000	2,561	2,551,228	1,035,811
	(ii)	498,833	522,767	1,083	0	- 12,523	- 1,035,206	0
8Ajay NairSVP-Campus Life	(i)	343,360	0	12,150	83,850	21,561	460,921	0
	(ii)	0	0	0	0	- 0	- 0	0
9Stephen D Sencer SVP-General Counsel	(i)	493,757	25,000	24,200	23,850	27,869	594,676	0
	(ii)	0	0	0	0	- 0	- 0	0
10Claire E Sterk EVP-Academic Affairs	(i)	621,895	0	53,400	116,100	4,443	795,838	0
	(ii)	0	0	0	0	- 0	- 0	0
11James W WagnerPresident	(i)	991,460	0	2,444,703	23,850	74,288	3,534,301	2,368,340
	(ii)	0	0	0	0	- 0	- 0	0
12Michael Elliott Interim Dean - Emory College	(i)	201,537	0	200	18,328	11,518	231,583	0
	(ii)	0	0	0	0	- 0	- 0	0
13Robin Forman Dean-Emory College	(i)	412,416	0	0	23,850	20,208	456,474	0
	(ii)	0	0	0	0	- 0	- 0	0
14Bryce Gartland MD CEO-Emory University Hospital	(i)	365,509	50,000	549	16,440	5,076	437,574	0
	(ii)	4,980	43,961	30	0	- 15,681	- 64,652	0
15Susan M Grant Chief Nursing Officer	(i)	0	0	0	0	0	0	0
	(ii)	410,926	156,122	78,779	80,050	- 128,771	- 854,648	76,000
16Chnstian P Larsen MD Dean-School of Medicine	(i)	678,391	0	33,353	39,635	4,875	756,254	0
	(ii)	259,895	365,180	5,303	0	- 12,284	- 642,662	0
17Daniel Owens CEO-Emory Hospital Midtown	(i)	349,052	0	1,079	71,050	9,900	431,081	0
	(ii)	0	112,840	30	0	- 0	- 112,870	0
18Dane Peterson CEO-Emory Hospital Midtown	(i)	0	0	0	0	0	0	0
	(ii)	541,642	217,680	63,750	94,650	- 29,967	- 947,689	61,142
19Daniel L Barrow MD Physician	(i)	223,590	0	0	28,274	4,776	256,640	0
	(ii)	684,450	263,954	28,877	0	- 12,998	- 990,279	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Walter J Curran MD Physician	(i)	825,393	0	792	104,950	4,500	935,635	0
	(ii)	269,531	180,668	29,913	0	-	-	0
					13,725	493,837		
1Shervin Oskoue MD Physician	(i)	0	0	12	21,740	204	21,956	0
	(ii)	648,574	1,186,740	11,247	0	-	-	0
						17,695	1,864,256	
2John M Rhee MDPhysician	(i)	0	0	0	21,710	216	21,926	0
	(ii)	642,808	1,068,670	11,481	0	-	-	0
						17,342	1,740,301	
3John Xerogeanes MD Physician	(i)	0	0	28	21,635	188	21,851	0
	(ii)	597,580	675,258	11,517	0	-	-	0
						17,927	1,302,282	
4Robert J Bachman Former Key Employee	(i)	395,585	0	38,835	18,550	7,415	460,385	0
	(ii)	0	136,891	28,758	0	-	-	0
						16,091	181,740	
5S Wnght Caughman MD Former Officer	(i)	818,471	0	1,093,798	29,950	4,570	1,946,789	1,077,505
	(ii)	385,413	526,500	37,479	0	-	-	0
						10,139	959,531	
6John T Fox Former Key Employee	(i)	0	0	6,366	24,091	3,473	33,930	0
	(ii)	353,651	0	640,841	0	-	-	554,125
						4,335	998,827	
7Thomas J Lawley MD Former Key Employee	(i)	435,185	0	26,566	29,800	14,483	506,034	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Rosemary M Magee Former Officer	(i)	205,510	0	0	19,100	16,615	241,225	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Richard A Mendola Former Officer	(i)	586,865	0	29,960	23,850	27,303	667,978	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Edith Murphree Former Officer	(i)	401,719	10,000	900	23,850	21,902	458,371	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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As Filed Data -

DLN: 93493195004117

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

EMORY UNIVERSITY

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

58-0566256

Part I

Bond Issues

(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LSF6	08-04-2005	168,534,643	See Part VI - 2005A		X		X		X
B PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LSJ8	08-04-2005	250,000,000	SEE PART VI - 2005B		X		X		X
C PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LTD0	08-25-2005	281,575,000	SEE PART VI - 2005C		X		X		X
D PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LTV0	06-19-2008	328,058,432	SEE PART VI - 2008ABC		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		123,480,000		0		157,425,000		198,225,000
2 Amount of bonds legally defeased		0		0		0		0
3 Total proceeds of issue		168,537,100		250,002,307		287,609,146		330,299,691
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		3,238,526		11,210,114
6 Proceeds in refunding escrows		167,537,809		249,212,532		56,620,000		87,603,750
7 Issuance costs from proceeds		996,834		787,468		1,684,295		1,810,978
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		2,457		2,307		226,066,315		229,674,849
11 Other spent proceeds		0		0		0		0
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion	2002		2005		2007		2011	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15 Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	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?						X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?					X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?					X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?						X		X
c	Are there any research agreements that may result in private business use of bond-financed property?					X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?						X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 300 %		0 300 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0 %		0 %	
6	Total of lines 4 and 5					0 300 %		0 300 %	
7	Does the bond issue meet the private security or payment test?						X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.					X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					0 060 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?					X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X	X			X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b	Name of provider	0		WellsFargoCITIGROUP		WellsFargoCITIGROUP		0	
c	Term of hedge			31 %		31 %			
d	Was the hedge superintegrated?				X		X		
e	Was the hedge terminated?				X		X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X			X
b	Name of provider	0		0		TRANSAMERICA OCCIDEN		0	
c	Term of GIC					140 %			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					X			
6	Were any gross proceeds invested beyond an available temporary period?	X		X			X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, Column F	Purpose and Issue Date of Refunded Issues A 2005A - Debt Refunding 12/2/92 (1992A), 3/18/93 (1993A), 5/26/94 (1994A), 11/21/95 (1995A), 8/7/97 (1997A), 9/17/97 (1997C), 8/11/98 (1998A), 9/29/99 (1999A), 8/16/00 (2000A) B 2005B - Debt Refunding 8/7/97 (1997A), 9/17/97 (1997C), 8/11/98 (1998A), 9/29/99 (1999A), 8/16/00 (2000A), 10/10/01 (2001A) C 2005C - New Facility Construction and Debt Refunding 5/26/94 (1994A), 11/21/95 (1995A), 9/17/97 (1997C), 9/29/99 (1999A), 8/16/00 (2000A), 8/16/00 (2000B), 10/10/01 (2001B), 10/17/02 (2002B) D 2008ABC - New Facility Construction and Debt Refunding 8/7/97 (1997A), 4/18/07 (2007 CP) E 2009B - New Facility Construction and Debt Refunding 8/16/00 (2000B), 10/10/01 (2001B), 10/17/02 (2002B), 3/10/09 and 3/24/09 (2007 CP) F 2009C - Debt Refunding 6/19/08 (2008A) G 2010CP - Debt Refunding 8/11/98 (1998A), 9/29/99 (1999A), 8/16/00 (2000A), 4/18/07 (2007 CP) H 2011A - Debt Refunding 10/10/2001 (2001A), 10/17/2002 (2002A), 6/19/2008 (2008B) I 2013A - New Facility Construction and Debt Refunding 10/17/2002 (2002A), 09/04/2010 (2010 CP), 08/04/05 (2005A), 08/25/05 (2005C) J 2013BC - New Facility Construction and Debt Refunding 08/25/05 (2005C)

Return Reference	Explanation
Form 990, Schedule K, Part II, Line 3	TOTAL PROCEEDS OF ISSUE THE PART I, COLUMN (E) "ISSUE PRICE" DOES NOT AGREE WITH THE PART II, LINE 3 "TOTAL PROCEEDS OF ISSUE" FOR CERTAIN BONDS DUE TO THE INCLUSION OF INVESTMENT EARNINGS ON THE PROCEEDS ACCOUNTS THE CUMULATIVE INVESTMENT EARNINGS INCLUDED IN PART II, LINE 3 ARE AS FOLLOWS PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LSF6 (2005A) \$2,457 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LSJ8 (2005B) \$2,307 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LTD0 (2005C) \$6,034,146 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LTV0 (2008ABC)\$2,241,259 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LVR6 (2009B) \$7,054 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LXFO (2009C) \$1,780 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LAS7 (2013A) \$10,549 PRIVATE COLLEGES AND UNIVERSITIES CUSIP # 74265LA73 (2013BC) \$16,639

Return Reference	Explanation
Form 990, Schedule K, Part III	PRIVATE BUSINESS USE BOND ISSUES 2005A AND 2005B WERE USED ENTIRELY TO REFUND PRE-2003 BOND ISSUES AS SUCH, PART III, PRIVATE BUSINESS USE, DOES NOT APPLY

Return Reference	Explanation
Form 990, Schedule K, Part IV, Line 2c	REBATE COMPUTATIONS PERFORMED ISSUE 2005A - 08/04/10 ISSUE 2005B - 09/01/06, 09/01/11 ISSUE 2005C - 02/25/06, 02/25/07, 08/25/10 ISSUE 2008ABC - 06/19/12 Issue 2009B - 05/13/14 Issue 2009C - 07/23/14 Issue 2010CP - 08/18/15 Issue 2011A - 08/23/2016

Return Reference	Explanation
Form 990, Schedule K, Part IV, LINE 6 (2005A AND 2005B)	A portion of the proceeds of the Series 2005A Bonds and the Series 2005B Bonds were used to advance refund prior obligations, and therefore, gross proceeds were invested beyond an available temporary period. However, the proceeds used in the advance refunding were yield restricted in accordance with the Code and Treasury Regulations.

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As Filed Data -

DLN: 93493195004117

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

EMORY UNIVERSITY

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

58-0566256

Part I Bond Issues											
(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LVR6	05-13-2009	253,121,397	SEE PART VI - 2009B		X		X		X
B PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265lxf0	07-23-2009	99,790,294	SEE PART VI - 2009C		X		X		X
C PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74272raa4	08-18-2010	27,730,000	SEE PART VI - 2010CP		X		X		X
D PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265lyf9	08-23-2011	238,277,766	SEE PART VI - 2011A		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	36,180,000		1,410,000		24,896,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	253,128,451		99,792,074		27,730,000		238,277,766	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	1,103,458		0		0		0	
6	Proceeds in refunding escrows	210,142,000		98,935,000		27,730,000		238,668,501	
7	Issuance costs from proceeds	1,876,072		841,733		0		1,609,265	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	40,006,921		15,341		0		0	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2009		2013		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		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?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 500 %		0 300 %		0 400 %		0 300 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	1 500 %		0 300 %		0 400 %		0 300 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	X			X		X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 690 %		0 %		0 %		0 010 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.				X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X	X			X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Part I Bond Issues											
(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LA57	08-15-2013	214,792,974	SEE PART VI - 2013A		X		X		X
B PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LA73	08-15-2013	192,965,000	SEE PART VI - 2013BC		X		X		X

Part II Proceeds											
						A		B		C	
1 Amount of bonds retired						10,165,000		0			
2 Amount of bonds legally defeased						0		0			
3 Total proceeds of issue						214,803,523		192,981,639			
4 Gross proceeds in reserve funds						0		0			
5 Capitalized interest from proceeds						2,745,441		810,247			
6 Proceeds in refunding escrows						58,968,426		157,425,000			
7 Issuance costs from proceeds						1,564,110		1,183,200			
8 Credit enhancement from proceeds						0		0			
9 Working capital expenditures from proceeds						0		0			
10 Capital expenditures from proceeds						151,394,017		26,760,692			
11 Other spent proceeds						0		0			
12 Other unspent proceeds						131,529		7,002,500			
13 Year of substantial completion											
						Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?						X		X			
15 Were the bonds issued as part of an advance refunding issue?						X			X		
16 Has the final allocation of proceeds been made?							X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?						X		X			

Part III Private Business Use											
						A		B		C	
						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?							X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?						X		X			

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 100 %		0 200 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 100 %		0 200 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	X		X					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 010 %		0 050 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Mary Ball	FAMILY MEM OF OFFICER	48,210	EMPLOYEE		No
(1) William Castle	FAMILY MEM OF TRUSTEE	146,422	EMPLOYEE		No
(2) Christopher Y Caughman	FAMILY MEM OF FORMER OFF	54,924	EMPLOYEE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) Kirk Elifson	FAMILY MEM OF OFFICER	113,161	EMPLOYEE		No
(1) Sheryl Gabram-Mendola	FAMILY MEM OF FORMER OFF	523,435	EMPLOYEE		No
(2) David Goldsmith	FAMILY MEM OF FORMER KEY	72,114	EMPLOYEE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Edith Houston	FAMILY MEM OF FORMER OFF	62,112	EMPLOYEE		No
(1) Michael M Johns MD	FAMILY MEM OF OFFICER	151,117	EMPLOYEE		No
(2) John Lawley	FAMILY MEM OF FORMER KEY	134,909	EMPLOYEE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(10) Leslie Lawley MD	FAMILY MEM OF FORMER KEY	195,575	EMPLOYEE		No
(1) Megan Lawley	FAMILY MEM OF FORMER KEY	60,856	EMPLOYEE		No
(2) Deborah Long	FAMILY MEM OF FORMER OFF	96,014	EMPLOYEE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) Jennifer Mathews	FAMILY MEM OF KEY EMPLOYE	90,941	EMPLOYEE		No
(1) Ann Sencer	FAMILY MEM OF OFFICER	92,553	EMPLOYEE		No
(2) Kimberly Wagner	FAMILY MEM OF OFFICER	25,750	EMPLOYEE		No

SCHEDULE M
(Form 990)

OMB No 1545-0047

2015

Open to Public Inspection

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
EMORY UNIVERSITY

Employer identification number
58-0566256

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	20	709,235	APPRAISED
2 Art—Historical treasures	X	2	102,500	APPRAISED
3 Art—Fractional interests				
4 Books and publications	X		745,818	APPRAISED
5 Clothing and household goods	X		40,250	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	157	36,025,250	MARKET QUOTATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	3	182,670	APPRAISED
19 Food inventory				
20 Drugs and medical supplies	X	1	25,500	MARKET VALUE
21 Taxidermy				
22 Historical artifacts	X	22	321,350	APPRAISED
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD AND GIFTS)	X	36	37,663	MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

28

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE M, PART I, LINE 32B	USE OF THIRD PARTIES EMORY UNIVERSITY USES REAL ESTATE BROKERS TO ASSIST WITH SALES OF REAL PROPERTY ORIGINALLY RECEIVED AS CHARITABLE CONTRIBUTIONS SALES OF STOCK AND PARTNERSHIP INTERESTS GIFTED TO THE UNIVERSITY ARE MANAGED BY FINANCIAL AGENTS

2015

Open to Public Inspection

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization
EMORY UNIVERSITY

Employer identification number

58-0566256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	MISSION STATEMENT EMORY UNIVERSITY'S MISSION IS TO CREATE, PRESERVE, TEACH, AND APPLY KNOWLEDGE IN THE SERVICE OF HUMANITY. TO FULFILL THIS MISSION, THE UNIVERSITY SUPPORTS THE FULL RANGE OF SCHOLARSHIP, FROM UNDERGRADUATE TO ADVANCED GRADUATE AND PROFESSIONAL INSTRUCTION, AND FROM BASIC RESEARCH TO ITS APPLICATION IN PUBLIC SERVICE. WHILE BEING A COMPREHENSIVE RESEARCH UNIVERSITY, EMORY LIMITS ITS ACADEMIC SCOPE TO THOSE FIELDS IN WHICH, BY VIRTUE OF ITS HISTORY AND LOCATION, IT CAN EXCEL. HENCE ITS ACADEMIC PROGRAMS FOCUS ON THE ARTS AND SCIENCES, BUSINESS, LAW, THEOLOGY, AND THE HEALTH PROFESSIONS. THESE DISCIPLINES ARE UNIFIED BY THEIR DEVOTION TO LIBERAL LEARNING, BY COOPERATIVE INTERDISCIPLINARY PROGRAMS, AND BY THE COMMON PURSUIT OF INTELLECTUAL DISTINCTION. THE EMORY COMMUNITY IS OPEN TO ALL WHO MEET ITS HIGH STANDARDS OF INTELLIGENCE, COMPETENCE, AND INTEGRITY. IT WELCOMES A DIVERSITY OF ETHNIC, CULTURAL, SOCIOECONOMIC, RELIGIOUS, NATIONAL, AND INTERNATIONAL BACKGROUNDS, BELIEVING THAT THE INTELLECTUAL AND SOCIAL ENERGY THAT RESULTS FROM SUCH DIVERSITY IS A PRIMARY ASSET OF THE UNIVERSITY. IN KEEPING WITH THE DEMAND THAT TEACHING, LEARNING, RESEARCH, AND SERVICE BE MEASURED BY HIGH STANDARDS OF INTEGRITY AND EXCELLENCE, AND BELIEVING THAT EACH PERSON AND EVERY LEVEL OF SCHOLARLY ACTIVITY SHOULD BE VALUED ON ITS OWN MERITS, THE UNIVERSITY AIMS TO IMBUE SCHOLARSHIP AT EMORY WITH * A COMMITMENT TO HUMANE TEACHING AND MENTORSHIP AND A RESPECTFUL INTERACTION AMONG FACULTY, STUDENTS, AND STAFF, * OPEN DISCIPLINARY BOUNDARIES THAT ENCOURAGE INTEGRATIVE TEACHING, RESEARCH, AND SCHOLARSHIP; * A COMMITMENT TO USE KNOWLEDGE TO IMPROVE HUMAN WELL-BEING, AND * A GLOBAL PERSPECTIVE ON THE HUMAN CONDITION. THE UNIVERSITY, FOUNDED BY THE METHODIST EPISCOPAL CHURCH, CHERISHES ITS HISTORICAL AFFILIATION WITH THE UNITED METHODIST CHURCH. WHILE EMORY'S PROGRAMS ARE TODAY ENTIRELY NONSECTARIAN (EXCEPT FOR THOSE AT THE CANDLER SCHOOL OF THEOLOGY), THE UNIVERSITY HAS DERIVED FROM THIS HERITAGE THE CONVICTION THAT EDUCATION CAN BE A STRONG MORAL FORCE IN BOTH SOCIETY AND THE LIVES OF ITS INDIVIDUAL MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PROGRAM SERVICE ACCOMPLISHMENTS 4a Emory University A major research university that is privately endowed, coeducational and not-for-profit With its nine colleges and schools, the University attracts top quality students from across the nation and abroad, and has a current total enrollment of approximately 14,400 students The University is a member of the Association of American Universities In U S News and World Report's annual ranking of " America's Best Colleges" Emory ranked 20th among national universities in 2016 and has consistently been included in its Top 25 list since 1992 Emory also ranks in the top 25 schools for "Best Value Schools" In addition, Emory ranked 10th in Kiplinger's "100 Best College Values" was named a "Best Value College" by the Princeton Review The University includes one of the nation's leading research and patient-care medical complexes, the Robert W Woodruff Health Sciences Center The Center includes the Emory University School of Medicine, Nell Hodgson Woodruff School of Nursing, Rollins School of Public Health, and Yerkes National Primate Research Center AMONG THE MANY OTHER CENTERS FOR SPECIALIZED RESEARCH AND STUDY AT EMORY ARE THE WINSHIP CANCER INSTITUTE, THE GLOBAL HEALTH INSTITUTE, THE CENTER FOR HEALTH DISCOVERY AND WELL BEING, THE CENTER FOR FACULTY DEVELOPMENT AND EXCELLENCE, THE CENTER FOR AIDS RESEARCH, THE MICHAEL C CARLOS MUSEUM, THE CHERRY L EMERSON CENTER FOR SCIENTIFIC COMPUTATION, AND THE CLAUDE M HALLÉ INSTITUTE FOR GLOBAL LEARNING 4b Emory University Hospital A teaching and research facility providing tertiary and quaternary care services, particularly cardiology, cardiac surgery, oncology, neurosciences and multiple organ and tissue transplantation In 2016, Emory University Hospital was ranked as the number one hospital in metro Atlanta and in the state of Georgia by U S News and World Report for the fifth year in a row The Hospital was also recognized as one of the nation's top hospitals by the National Research Corporation's Consumer Choice Awards in 2016 and for 17 of the past 18 years Emory University Hospital provides integrated patient care with teaching and clinical research by physicians who are University faculty as well as provides charity care in the form of indigent care to patients with no health insurance and catastrophic care to patients whose medical bills are so large that paying them would be permanently life-shattering Emory University Hospital physicians provided \$22 million in charity care during the current fiscal year The Hospital has 643 licensed beds, of which 120 are located at Emory University Orthopaedic and Spine Hospital, and more than 1,300 licensed physicians on staff The Emory University Orthopaedic and Spine Hospital has earned the highest patient satisfaction rankings in the country based on returned surveys from patients that have been nationally benchmarked by Press Ganey The current Community Benefits Report is published at http://www.hsc.edu</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>mory edu/home/publications/health-sciences/community-benefits -2015/ 4c Emory University Hospital Midtown Since 1908, an Atlanta teaching hospital offering a myriad of patient care, education and research initiatives Emory University Hospital Midtown was ranked the fifth best hospital in Atlanta, Georgia in 2016 by U S News and World Report and ninth in the state of Georgia The Hospital provides advanced services such as cardiology, oncology and radiology as well as more traditional services such as obstetrics with both routine and intensive care nurseries as well as provides charity care in the form of indigent care to patients with no health insurance and catastrophic care to patients whose medical bills are so large that paying them would be permanently life-shattering Emory University Hospital Midtown physicians provided \$16 million in charity care during the current fiscal year Emory University Hospital Midtown has 505 licensed beds and more than 1,200 licensed physicians on staff The current Community Benefits Report is published at http //w hsc emory edu/home/publications/health-sciences/community-benefits -2015/</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	FAMILY OR BUSINESS RELATIONSHIPS (1) TRUSTEES WALTER M DERISO, JR. AND J DAVID ALLEN HAVE A BUSINESS RELATIONSHIP (2) TRUSTEES WALTER M DERISO, JR., RUSSELL R FRENCH, JOHN MORGAN, AND ROBERT C GODDARD HAVE A BUSINESS RELATIONSHIP (3) TRUSTEES MUHTAR KENT AND JAVIER GOIZUETA HAVE A BUSINESS RELATIONSHIP (4) Trustees John Morgan and Doug Ivester have a business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROVISION OF 990 TO GOVERNING BODY THE FORM 990 IS PREPARED and review ed BY THE ORGANIZATION'S MANAGEMENT AND REVIEWED BY AN INDEPENDENT THIRD PARTY ACCOUNTING FIRM PRIOR TO FINALIZATION OF THE RETURN, MANAGEMENT PROVIDED ACCESS TO A FINAL DRAFT OF THE FORM 990 TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND GAVE THEM AN OPPORTUNITY TO MAKE COMMENTS MANAGEMENT UPDATED THE FORM 990 FOR ALL COMMENTS RECEIVED AND PROVIDED THE FINAL VERSION OF THE FORM 990 TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>CONFLICT OF INTEREST POLICY EMORY UNIVERSITY'S CONFLICT OF INTEREST POLICY REQUIRES TRUSTEES, OFFICERS AND OTHER DECISION MAKERS TO DISCLOSE PARTICIPATION IN ACTIVITIES OR CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST ON AN ANNUAL BASIS OR IF AT ANY TIME SUCH INDIVIDUAL BECOMES AWARE OF CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST THESE DISCLOSURES BY TRUSTEES ARE REVIEWED BY THE EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST COMMITTEE OF THE UNIVERSITY BOARD OF TRUSTEES ("CONFLICT OF INTEREST COMMITTEE"), AS NECESSARY IF THE CONFLICT OF INTEREST COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MAY MAKE A PRESENTATION TO THE APPLICABLE COMMITTEE, BUT AFTER SUCH PRESENTATION, THE INDIVIDUAL MUST LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTED IN THE CONFLICT OF INTEREST DURING THE FISCAL YEAR NONE OF THE TRUSTEES WITH RELATED BUSINESS INTERESTS VOTED ON BUSINESS DECISIONS INVOLVING SUCH COMPANIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	DETERMINATION OF COMPENSATION EMORY UNIVERSITY'S EXECUTIVE COMPENSATION AND TRUSTEES' CONFLICT OF INTEREST COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPOSED OF NON-EMPLOYEE MEMBERS OF THE EMORY UNIVERSITY BOARD OF TRUSTEES, ANNUALLY REVIEWS MARKET DATA, COLLECTED AND REPORTED BY INDEPENDENT CONSULTING FIRMS, FROM COMPARABLE INSTITUTIONS FOR EACH POSITION IDENTIFIED AS A "DISQUALIFIED PERSON" FOR PURPOSES OF INTERMEDIATE SANCTIONS UNDER IRS REGULATIONS THE COMMITTEE DISCUSSES THE PROPOSED COMPENSATION FOR EACH SUCH INDIVIDUAL IN THE CONTEXT OF THE MARKET DATA AND THE INDIVIDUAL'S PERFORMANCE AND CONTRIBUTION TO EMORY, AND IT MAKES A DECISION REGARDING THE APPROPRIATENESS OF COMPENSATION AND ANY COMPENSATION INCREASE THE DISCUSSIONS ARE DOCUMENTED IN THE COMMITTEE'S MINUTES BY A REPRESENTATIVE OF THE OFFICE OF THE GENERAL COUNSEL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF DOCUMENTS TO THE PUBLIC EMORY UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS ADJUSTMENT TO ANNUITIES PAYABLE 1,648,117 CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENTS (91,665,548) ADJUSTMENT TO POST-RETIREMENT BENEFIT PLAN (12,517,000) ADJUSTMENT TO PERPETUAL FUND INCOME 98,817,069 LABORATORY MINORITY INTEREST 10,737,500 CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING (26,563,401) RECLASSIFICATION OF NET ASSETS 32,929 TRANSFER OF NET ASSETS TO CONSOLIDATED AFFILIATES 71,863,982 TOTAL OTHER CHANGES IN NET ASSETS 52,353,648

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	FOREIGN BANK ACCOUNT REPORTING BRAZIL CHILE CHINA COLUMBIA CZECH REPUBLIC DENMARK ETHIOPIA GREECE HUNGARY INDIA INDONESIA ISRAEL JAPAN MALAYSIA MEXICO NIGERIA PERU POLAND REPUBLIC OF KOREA ROMANIA SAUDI ARABIA SLOVAKIA SPAIN TAIWAN TURKEY UNITED KINGDOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 4	THE ORGANIZATION MADE THE FOLLOWING CHANGES TO ITS BYLAWS ALLOWS FOR ONE OR MORE VICE CHAIRS SETS TERM LIMITS FOR THE BOARD CHAIR BEGINNING IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, QUESTION 5 AND PART V, QUESTION 2A	NUMBER OF EMPLOYEES THE EMORY CLINIC, INC ("TEC") (EIN 58-2030692) AND EMORY CHILDREN'S CENTER, INC ("ECC") (EIN 58-2298500) HAVE A COMMON PAYMASTER RELATIONSHIP FOR PAYROLL PURPOSES WITH EMORY UNIVERSITY THE SALARIES OF TEC'S AND ECC'S EMPLOYEES ARE PAID BY EMORY UNIVERSITY, REPORTED ON EMORY UNIVERSITY'S FORMS 941, AND REIMBURSED BY TEC AND ECC THEREFORE, THESE EMPLOYEES ARE REPORTED ON EMORY UNIVERSITY'S FORM 990 THE STAFF MEMBERS OF EMORY MEDICAL CARE FOUNDATION, INC ("EMCF") (EIN 58-1537752) AND EMORY INOVATIONS, INC ("EI") (EIN 45-5372942) ARE EMPLOYEES OF EMORY UNIVERSITY THE SALARIES OF EMCF AND EI'S EMPLOYEES ARE PAID BY EMORY UNIVERSITY, REPORTED ON EMORY UNIVERSITY'S FORMS 941, AND REIMBURSED BY EMCF AND EI RESPECTIVELY THEREFORE, THESE EMPLOYEES ARE REPORTED ON EMORY UNIVERSITY'S FORM 990

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
EMORY UNIVERSITY

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

58-0566256

Part I

Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GOIZUETA BUSINESS SCHOOL STUDENT INVEST 201 DOWMAN DRIVE ATLANTA, GA 30322 58-0566256	INVESTMENTS	GA	127,545	1,815,005	NA
(2) GOIZUETA BUSINESS SCHOOL REAL ESTATE 201 DOWMAN DRIVE ATLANTA, GA 30322 26-1718943	INVESTMENTS	GA	27,761	191,657	NA
(3) EMORY UNIVERSITY STUDENT HEALTH COUNSEL 201 DOWMAN DRIVE ATLANTA, GA 30322 27-1119602	HEALTHCARE	GA	2,946,862	280,767	NA
(4) ROSE ACQUISITIONS LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 45-4889158	INVESTMENTS	GA	-1,107,491	74,864,205	NA
(5) EMORY INTEGRATED HEALTH SERVICES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 58-0566256	HEALTH CLAIMS	GA	0	0	NA
(6) EUEP LLC 201 Dowman Drive Atlanta, GA 30322 58-0566256	Real Estate	GA	2,604,019	50,146,565	NA

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FOREST HILL STRATEGIC VALUE FUND 100 Morgan Keegan Dr 430 LITTLE ROCK, AR 72202 45-3638016	INVESTMENTS	DE	FOREST HILL CAP	excluded	8,098,194	82,626,763		No	0		No	65 570 %
(2) ES REHAB 201 DOWMAN DRIVE ATLANTA, GA 30322 46-3808267	HEALTHCARE	GA	EMORY HEALTH	RELATED	-1,252,446	8,053,507		No	0		No	51 000 %
(3) CALMWATER REAL ESTATE CREDIT FUND II 11755 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90025 37-1778274	REAL ESTATE LOANS	DE	CALMWATER REAL	EXCLUDED	2,245,267	65,797,839		No	0		No	95 950 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CLIFTON CASUALTY INSURANCE COMPANY LTD PO Box 1159 878 West Bay Rd Grand Cayman, Cayman Islands VI	Captive Insur	CJ	EMORY HEALTH	C CORP	14,009,671	194,222,509	100 000 %		No
(2) NORTHLAKE REGIONAL PHYSICIANS CENTER 2850 PACES FERRY ROAD SUTIE 1140 ATLANTA, GA 30339 58-1850529	MEDICAL BLDG	GA	NA	C CORP	-33,590	217,944	93 000 %		No
(3) CHARITABLE REMAINDER TRUSTS (41) 201 DOWMAN DRIVE ATLANTA, GA 30322	CHARITABLE TR	GA	NA	TRUST					
(4) POOLED INCOME FUND (1) 201 DOWMAN DRIVE ATLANTA, GA 30322	INCOME FUND	GA	NA	TRUST					
(5) PTAM DYNAMIC FIXED INCOME FUND (CAYMAN) CAYMAN ISLANDS KY1-1103 KY1-1103 CJ	INVESTMENTS	CJ	PT ASSET MGNT	C CORP	3,330,420	53,703,739	91 570 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r	Yes	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE EMORY CLINIC INC	R	4,375,019	FMV
(2)EMORY HEALTHCARE INC	S	76,980,389	FMV
(3)Emory Innovations Inc	S	2,630,893	FMV
(4)PEDIATRIC CENTER of Georgia Inc	S	3,374,682	FMV

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	All transfers to and from Emory University and related organizations were cash transactions and therefore the method used for determining the amount involved was based on U S dollars

Additional Data

Software ID:
Software Version:
EIN: 58-0566256
Name: EMORY UNIVERSITY

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) GOIZUETA BUSINESS SCHOOL STUDENT INVEST 201 DOWMAN DRIVE ATLANTA, GA 30322 58-0566256	INVESTMENTS	GA	127,545	1,815,005	NA
(1) GOIZUETA BUSINESS SCHOOL REAL ESTATE 201 DOWMAN DRIVE ATLANTA, GA 30322 26-1718943	INVESTMENTS	GA	27,761	191,657	NA
(2) EMORY UNIVERSITY STUDENT HEALTH COUNSEL 201 DOWMAN DRIVE ATLANTA, GA 30322 27-1119602	HEALTHCARE	GA	2,946,862	280,767	NA
(3) ROSE ACQUISITIONS LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 45-4889158	INVESTMENTS	GA	-1,107,491	74,864,205	NA
(4) EMORY INTEGRATED HEALTH SERVICES LLC 201 DOWMAN DRIVE ATLANTA, GA 30322 58-0566256	HEALTH CLAIMS	GA	0	0	NA
(5) EUEP LLC 201 Dowman Drive Atlanta, GA 30322 58-0566256	Real Estate	GA	2,604,019	50,146,565	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
EMORY MEDICAL CARE FOUNDATION INC 1648 PIERCE DRIVE ATLANTA, GA 30322 58-1537752	MED MGMT	GA	501(c)(3)	9	NA		No
EMORY HEALTHCARE INC 201 DOWMAN DRIVE ATLANTA, GA 30322 58-2137993	MED MGMT	GA	501(c)(3)	11 a	NA		No
THE EMORY CLINIC INC 1365 CLIFTON ROAD ATLANTA, GA 30322 58-2030692	HEALTHCARE	GA	501(C)(3)	9	NA		No
EMORY MEDICAL LABORATORIES INC 1364 Clifton Road NE ATLANTA, GA 30322 01-0553460	HEALTHCARE	GA	501(c)(3)	3	EMORY HEALTH		No
WESLEY WOODS CENTER OF EMORY UNIVERSITY 1821 CLIFTON ROAD ATLANTA, GA 30322 58-1529366	HEALTHCARE	GA	501(c)(3)	3	EMORY HEALTH		No
EMORY CHILDREN'S CENTER INC 201 DOWMAN DRIVE ATLANTA, GA 30322 58-2298500	HEALTHCARE	GA	501(c)(3)	9	EMORY HEALTH		No
LUTHER C FISCHER FOUNDATION 550 PEACHTREE ST ATLANTA, GA 30308 58-1052508	SUPPORTING OR	GA	501(c)(3)	11 a	NA		No
EMORY UNIV HOSPITAL MIDTOWN AUXILIARY 550 PEACHTREE ST ATLANTA, GA 30308 58-6035386	SUPPORTING OR	GA	501(c)(3)	11 A	NA		No
Emory University Post-Retirement Benefit 1599 Clifton Road NE Atlanta, GA 30322 58-2087692	VEBA	GA	501(c)(9)	N/A	NA		No
Emory Healthcare Post-Retirement Benefit 1440 Clifton Road NE Atlanta, GA 30322 90-0180674	VEBA	GA	501(c)(9)	N/A	EMORY HEALTH		No
EMORY INNOVATIONS INC 201 DOWMAN DRIVE ATLANTA, GA 30322 45-5372942	RESEARCH	GA	501(c)(3)	11A	NA		No
EMORYSAINT JOSEPH'S INC 1440 CLIFTON RD NE SUTIE 400 ATLANTA, GA 30322 45-2721833	HEALTHCARE	GA	501(c)(3)	4	EMORY HEALTH		No
SAINT JOSEPH'S HOSPITAL OF ATLANTA INC 5673 PTREE Dunwoody RD ATLANTA, GA 30342 58-0566257	HOSPITAL	GA	501(c)(3)	3	EMORYST JOS		No
TRANSLATIONAL TESTING & TRAINING LABORAT 5673 PTREE DunwoodY RD ATLANTA, GA 30342 80-0079841	RESEARCH	GA	501(c)(3)	4	EMORYST JOS		No
EMORY HEALTHCARE INC RETIREMENT PLAN 1440 CLIFTON ROAD NE ATLANTA, GA 30322 02-0689035	DB PLAN	GA	501(c)(9)	N/A	EMORY HEALTH		No
Lettie Pate Evans Foundation Inc 191 Peachtree St NE Ste 3540 Atlanta, GA 30303 23-7282939	Supporting Or	GA	501(c)(3)	11	na		No
The Halle Foundation 1201 W Peachtree St No 42210 Atlanta, GA 30309 58-6201529	Supporting or	GA	501(c)(3)	11a	NA		No
The Onnie Mae Spruill Foundation Inc 1548 Mount Vernon Road Atlanta, GA 30338 58-2050054	Supporting Or	GA	501(c)(3)	11	NA		No
Susan H & Wilbur H Marcy Trust PO Box 1328 Winter Park, FL 32790 59-1932547	Supporting Or	FL	501(c)(3)	11a	na		No
M L Simpson Foundation Trust 1862 Independence Square Atlanta, GA 30338 58-6418299	Supporting Or	GA	501(c)(3)	11a	na		No

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						Yes	No
Robert W Woodruff Health Sciences Center 191 Peachtree St NE Ste 3540 Atlanta, GA 30303 58-2229271	Supporting Or	GA	501(c)(3)	11b	NA		No
Pediatric Center of Georgia Inc 2015 Upper Gate Drive NE Atlanta, GA 30322 58-1692698	Supporting Or	GA	501(c)(3)	11a	NA		No