

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>GRADY MEMORIAL HOSPITAL CORPORATION</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>80 JESSE HILL JUNIOR DRIVE SE</u> City or town, state or province, country, and ZIP or foreign postal code <u>ATLANTA, GA, 30303</u>	D Employer identification number <u>26-2037695</u> E Telephone number <u>404-616-1846</u> G Gross receipts \$ <u>2,032,089,475</u>
F Name and address of principal officer: <u>JOHN M HAUPERT PRESIDENT and CEO</u> <u>80 JESSE HILL JUNIOR DRIVE SE, ATLANTA, GA 30303</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.GRADYHEALTH.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2008 **M** State of legal domicile: GA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>GRADY HEALTH SYSTEM IMPROVES THE HEALTH OF THE COMMUNITY BY PROVIDING QUALITY, COMPREHENSIVE HEALTHCARE IN A COMPASSIONATE,</u> <u>(Continued on Schedule O, Statement 2)</u>		
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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	8,772
6	Total number of volunteers (estimate if necessary)	6	548
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
9		164,405,694	168,835,384
10		1,442,503,180	1,835,997,046
11		2,876,312	3,956,602
12		20,066,964	23,300,443
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,629,852,150	2,032,089,475
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	12,285,830	12,020,196
14		0	0
15		541,101,528	581,323,239
16a		0	0
b		1,045,844,106	1,408,971,142
17	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,599,231,464	2,002,314,577
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,599,231,464	2,002,314,577
19	Revenue less expenses. Subtract line 18 from line 12	30,620,686	29,774,898
20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
21		863,217,521	1,004,315,025
22		258,845,888	290,432,158
22	Net assets or fund balances. Subtract line 21 from line 20	604,371,633	713,882,867

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 <u>RICHARD RHINE, CFO</u> Type or print name and title	**FILED ELECTRONICALLY** Date
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Paid Preparer Use Only	Print/Type preparer's name <u>Whitney E Blair</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01226647</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶		Phone no. <u>404-739-5994</u>	
	Firm's address ▶ <u>303 Peachtree St NE Suite 2000, Atlanta, GA 30308</u>				

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** (2019)

PUBLIC INSPECTION COPY

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

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

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

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

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. GRADY MEMORIAL HOSPITAL CORPORATION	Taxpayer identification number (TIN) 26-2037695
	Number, street, and room or suite no. If a P.O. box, see instructions. 80 JESSE HILL JUNIOR DRIVE SE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

• The books are in the care of ▶ GINA SMITH

Telephone No. ▶ 404 616-7355 Fax No. ▶ _____

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

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

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2019 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2020)

KPMG LLP, EIN: 13-5565207
300 N. GREENE ST., STE 400
GREENSBORO, NC 27401

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:

GRADY HEALTH SYSTEM IMPROVES THE HEALTH OF THE COMMUNITY BY PROVIDING QUALITY, COMPREHENSIVE HEALTHCARE IN A COMPASSIONATE, CULTURALLY COMPETENT, ETHICAL, AND FISCALLY RESPONSIBLE MANNER. GRADY MAINTAINS ITS COMMITMENT TO THE UNDERSERVED OF FULTON AND DEKALB COUNTIES WHILE ALSO (Continued on Schedule O, Statement 3)

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 [x] 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 [x] 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 \$ 523,419,214 including grants of \$) (Revenue \$ 334,772,916)

4A PROGRAM SERVICE -CHARITY, UNINSURED, UNDERINSURED AND INDIGENT CARE: IN THE 1800'S ATLANTA'S INDIGENT SICK HAD NO PLACE TO GO TO RECEIVE MEDICAL TREATMENT FOR ILLNESS OR INJURY. THEREFORE, A DRIVE WAS BEGUN TO BUILD GRADY MEMORIAL HOSPITAL (GRADY). ON JUNE 1, 1892, GRADY ADMITTED ITS FIRST PATIENT. AS OF TODAY, GRADY CONTINUES TO BE THE SAFETY NET HOSPITAL FOR THE UNINSURED AND UNDERINSURED CITIZENS OF FULTON AND DEKALB COUNTIES AND THE STATE OF GEORGIA. AS THE LARGEST SAFETY NET HOSPITAL IN THE STATE AND ONE OF THE LARGEST IN THE COUNTRY, ITS MISSION IS (1) TO PROVIDE MEDICAL SERVICES TO UNINSURED, UNDERINSURED, OR INDIGENT PATIENTS; (2) TO PROVIDE AN OPEN ACCESS POLICY FOR RESIDENTS OF FULTON AND DEKALB COUNTIES REGARDLESS OF THEIR ABILITY TO PAY; (3) AND TO PROVIDE A PROVISION FOR SIGNIFICANT UNCOMPENSATED INDIGENT AND CHARITY CARE. DURING 2019, GRADY PROVIDED CARE TO MORE THAN 118,318 UNDER AND UNINSURED PATIENTS WHICH REPRESENT APPROXIMATELY 64% OF ITS TOTAL PATIENTS WITH ABOUT 589,514 PATIENT ENCOUNTERS, COSTING APPROXIMATELY \$523M. GRADY (Continued on Schedule O, Statement 4)

4b (Code:) (Expenses \$ 115,495,615 including grants of \$ 12,020,196) (Revenue \$ 59,294,405)

4B PROGRAM SERVICE -GRADUATE MEDICAL EDUCATION: GRADY MEMORIAL HOSPITAL CORPORATION (GMHC) HAS AFFILIATION AGREEMENTS WITH EMORY UNIVERSITY AND MOREHOUSE SCHOOLS OF MEDICINE TO SUPPORT THE TEACHING AND SUPERVISION OF RESIDENTS IN THE ORGANIZATION, AS WELL AS TO PROVIDE PROFESSIONAL CLINICAL AND ADMINISTRATIVE SERVICES. IN 2019 MORE THAN 1,000 RESIDENTS AND FELLOWS FROM EMORY AND MOREHOUSE PROGRAMS ROTATED THROUGH A BROAD SPECTRUM OF SERVICES IN THE ORGANIZATION. ADDITIONALLY, HUNDREDS OF MEDICAL STUDENTS BENEFITED FROM TRAINING IN THE ORGANIZATION. GMHC OFFERS UNIQUE LEARNING EXPERIENCES FOR RESIDENTS BY PROVIDING EXPOSURE TO TRAUMA, BURN, INFECTIOUS DISEASE, SICKLE CELL, NEUROLOGY AND OTHER COMPLEX CASES AND HOSTS A SIGNIFICANT NUMBER OF CLINICAL RESEARCH TRIALS TO ENHANCE THE RESIDENTS' EDUCATIONAL EXPERIENCE. GMHC PROVIDED IN EXCESS OF \$115M IN SUPPORT RELATIVE TO TEACHING SERVICES. IN 2019, REIMBURSEMENT FOR TEACHING SERVICES FROM MEDICARE, MEDICAID AND OTHER GOVERNMENTAL FUNDS TOTALED \$59M.

4c (Code:) (Expenses \$ 150,079,342 including grants of \$) (Revenue \$ 206,049,464)

4C PROGRAM SERVICE -EMERGENCY AND TRAUMA SERVICES: GRADY OPERATES ONE OF THE BUSIEST EMERGENCY DEPARTMENTS IN THE EASTERN UNITED STATES AND THE COUNTRY'S LARGEST HOSPITAL-BASED AMBULANCE SERVICE. GMHC OPERATES THE LARGEST LEVEL 1 TRAUMA CENTER IN THE ATLANTA METROPOLITAN AREA WHICH HANDLED 5,086 ACUTE TRAUMA CASES IN 2019. ADDITIONALLY, AS PART OF ITS TRAUMA SERVICE, GMHC OPERATES ONE OF ONLY TWO BURN CENTERS IN GEORGIA. THE NATIONALLY ACCLAIMED EMERGENCY CARE CENTER (ECC) HANDLED 141,862 EMERGENCY CASES IN 2019. THE EMERGENCY ROOM WAS THE INTAKE POINT FOR 26,998 OF THE SAFETY NET HOSPITAL'S TOTAL ADMISSIONS. GRADY'S EMS DIVISION STATEWIDE EMS OPERATION IS THE EXCLUSIVE 911 AMBULANCE PROVIDER FOR THE CITY OF ATLANTA INCLUDING SOUTH FULTON COUNTY, BAKER, BALDWIN, BEN HILL, BROOKS, CLAY, COOK, DECATUR, HANCOCK, MCINTOSH, MITCHELL, PIERCE, QUITMAN, RANDOLPH, SEMINOLE, AND WORTH COUNTIES IN GEORGIA. THE GRADY EMS TEAM OF OVER 1350 EMS (Continued on Schedule O, Statement 5)

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 6 (Expenses \$ 949,174,179 including grants of \$ 0) (Revenue \$ 1,235,880,261)

4e Total program service expenses 1,738,168,350

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Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	✓	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	✓	
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		✓
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	✓	
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		✓
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		✓
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		✓
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		✓
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		✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		✓
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	✓	
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		✓
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		✓
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	✓	
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	✓	
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	✓	
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		✓
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	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓	

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Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		✓
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? <i>If "Yes," complete Schedule J</i>	23	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		✓
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	265	
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	✓	

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

		Yes	No
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 8772		
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)		✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			✓
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
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)?			✓
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?			✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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?			✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?			✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
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?			
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.			
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?			✓
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>		✓	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>			✓

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

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 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 on Schedule O.	1a	17	
b Enter the number of voting members included on line 1a, above, who are independent	1b	17	
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		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	✓	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
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		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
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 on Schedule O	9		✓

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		✓
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	✓	
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	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13 Did the organization have a written whistleblower policy?	13	✓	
14 Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b Other officers or key employees of the organization	15b	✓	
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		✓
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		

Section C. Disclosure

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M HAUPERT FACHE PRESIDENT AND CEO	40.00			✓			1,696,291	0	31,954	
RHONDA SCOTT EXEC VP / COO	40.00					✓	1,106,424	0	24,490	
KELLEY CARROLL SVP CHIEF AMBULATORY OFFICER	40.00				✓		765,355	0	30,442	
ROBERT JANSEN EXEC VP / CMO	40.00				✓		717,108	0	34,239	
CRAIG TINDALL SVP / CLINICAL OPERATIONS	40.00					✓	717,139	0	18,851	
RICHARD RHINE EXEC VP / CFO	40.00			✓			708,778	0	23,122	
TIMOTHY JEFFERSON EXEC VP / GENERAL COUNSEL	40.00				✓		556,708	0	44,269	
MARTY SCOTT SVP CHIEF QUALITY/PT SAFETY OFFICER	40.00					✓	574,428	0	17,611	
PETER RHEE SVP / CHIEF ACUTE CARE SURGERY	40.00					✓	567,000	0	0	
BENJAMIN MCKEEBY SVP / CIO	40.00					✓	502,380	0	27,508	
MARY SALE SVP / CHIEF STRATEGY OFFICER	40.00				✓		475,202	0	11,651	
ALISA SMALLWOOD VP DEVELOPMENT	40.00					✓	457,626	0	11,461	
LINA GEORGE EXEC VP / CHIEF HR OFFICER	40.00				✓		455,327	0	10,317	
JACQUELINE HERD EXEC VP / CNO	40.00				✓		391,233	0	28,955	

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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			
WILLIAM COMPTON ----- SVP EMERG MED SVCS	40.00 0.00					✓		397,378	0	18,477
LINDSAY CAULFIELD ----- SVP/CHF EXPERIENCE OFFICER	40.00 0.00					✓		396,048	0	15,141
MICHELLE WALLACE ----- SVP CHIEF CLINICAL OFFICER	40.00 0.00				✓			377,083	0	8,813
FRANK BLAKE ----- CHAIRMAN	5.00 0.00	✓		✓				0	0	0
A D PETE CORRELL ----- DIRECTOR	2.00 0.00	✓						0	0	0
MARK P BECKER ----- DIRECTOR	2.00 0.00	✓						0	0	0
SHARON BENT-HARLEY MD ----- DIRECTOR	2.00 0.00	✓						0	0	0
ANNETTE BERNARD MD FACP ----- DIRECTOR	2.00 0.00	✓						0	0	0
WILLIAM A BORNSTEIN MD ----- DIRECTOR	2.00 0.00	✓						0	0	0
H JAMES DALLAS ----- DIRECTOR	2.00 0.00	✓						0	0	0
LARRY GELLERSTEDT ----- DIRECTOR	2.00 0.00	✓						0	0	0
EDWARD J HARDIN ----- DIRECTOR	2.00 0.00	✓						0	0	0
JOHN HOLLINS ----- DIRECTOR	2.00 0.00	✓						0	0	0
ERICA QUALLS-BATTEY ----- DIRECTOR	2.00 0.00	✓						0	0	0

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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			
SAM JOHNSON ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
VALERIE MONTGOMERY RICE MD ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
ROBERT SHEFT ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
PAMELA S STEPHENSON ESQ ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
DAVID P STOCKERT ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
VIKAS P SUKHATME MD ScD ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
BERNIE TOKARZ ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
CAROL B TOME ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
SAM A WILLIAMS ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal ▶								10,861,508	0	357,301
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,861,508	0	357,301

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 ▶ **898**

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

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
EMORY UNIVERSITY, 1599 CLIFTON ROAD, 3RD FLOOR, ATLANTA, GA 30322	MEDICAL	130,574,220
MOREHOUSE SCHOOL OF MEDICINE, 720 WESTVIEW DRIVE NW, ATLANTA, GA 30303	MEDICAL	31,375,281
SODEXO INC AND AFFILIATES, P O BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICES	29,091,836
RANDSTAD, P O BOX 105046, ATLANTA, GA 30348	TEMPORARY EMPLOYEES	14,459,602
NORTH GEORGIA ACUTE, P O BOX 101518, ATLANTA, GA 30392	MEDICAL SERVICES	5,614,592

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 ▶ **117**

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	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	55,434,957				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	113,400,427				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 44,197,595				
	h	Total. Add lines 1a-1f		168,835,384				
	Program Service Revenue	2a	<u>patient care</u>	Business Code 900099	1,835,997,046	1,835,997,046	0	0
b		-----						
c		-----						
d		-----						
e		-----						
f		All other program service revenue . .		0	0	0	0	
g		Total. Add lines 2a-2f		1,835,997,046				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,873,054	0	0	3,873,054	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		83,548			
			7a	0	83,548			
			7b					
	b	Less: cost or other basis and sales expenses	7b	0	0			
c	Gain or (loss)	7c	0	83,548				
d	Net gain or (loss)		83,548	83,548	0	0		
8a	Gross income from fundraising events (not including \$ <u>0</u> of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue	11a	<u>RENTAL INCOME</u>	Business Code 900099	2,768,466	0	0	2,768,466	
	b	<u>CONTRACTED SVCS - EMS</u>	900099	4,402,895	4,402,895	0	0	
	c	<u>INCOME - CITY OF ATLANTA WATER</u>	900099	5,632,836	5,632,836	0	0	
	d	All other revenue		10,496,246	10,496,246	0	0	
	e	Total. Add lines 11a-11d		23,300,443				
12	Total revenue. See instructions		2,032,089,475	1,856,612,571	0	6,641,520		

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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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,020,196	12,020,196		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,861,508	1,833,423	9,028,085	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	467,328,048	350,355,838	116,972,210	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,788,003	11,836,266	3,951,737	
9 Other employee benefits	55,274,781	41,439,503	13,835,278	
10 Payroll taxes	32,070,899	24,043,553	8,027,346	
11 Fees for services (nonemployees):				
a Management	10,850,076	6,316,914	4,533,162	
b Legal	1,375,892	801,044	574,848	
c Accounting	484,504	282,078	202,426	
d Lobbying	1,129,652	0	1,129,652	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	309,554,262	267,567,710	41,986,552	
12 Advertising and promotion	3,649,245	2,124,590	1,524,655	
13 Office expenses	17,982,279	10,469,283	7,512,996	
14 Information technology	17,415,539	10,139,327	7,276,212	
15 Royalties				
16 Occupancy	17,056,547	9,930,322	7,126,225	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,042,496	2,353,541	1,688,955	
20 Interest	1,468,292	854,840	613,452	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,442,946	42,005,377	19,437,569	
23 Insurance	14,042,701	8,175,661	5,867,040	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DRUGS</u>	136,402,324	136,402,324	0	0
b <u>BAD DEBT</u>	679,431,027	679,431,027	0	0
c <u>MEDICAL SUPPLIES</u>	101,868,284	101,868,284	0	0
d <u>MEDICAL EQUIPMENT LEASES, TAXES, ETC</u>	30,775,076	17,917,249	12,857,827	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,002,314,577	1,738,168,350	264,146,227	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	178,762,726	1	216,344,986
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	49,023,711	3	45,268,962
	4 Accounts receivable, net	154,761,976	4	163,730,463
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	107,599	5	3,645
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	16,404,605	8	19,951,316
	9 Prepaid expenses and deferred charges	11,226,034	9	12,885,062
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 815,909,803		
	b Less: accumulated depreciation	10b 499,879,560	10c	316,030,243
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	141,899,301	15	230,100,348
16 Total assets. Add lines 1 through 15 (must equal line 33)	863,217,521	16	1,004,315,025	
Liabilities	17 Accounts payable and accrued expenses	162,133,133	17	186,486,837
	18 Grants payable		18	
	19 Deferred revenue	5,693,386	19	5,418,755
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	35,637,182	23	33,842,742
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	55,382,187	25	64,683,824
	26 Total liabilities. Add lines 17 through 25	258,845,888	26	290,432,158
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	576,760,313	27	629,055,814
	28 Net assets with donor restrictions	27,611,320	28	84,827,053
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	604,371,633	32	713,882,867	
33 Total liabilities and net assets/fund balances	863,217,521	33	1,004,315,025	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,032,089,475
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,002,314,577
3	Revenue less expenses. Subtract line 2 from line 1	3	29,774,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	604,371,633
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	69,567,937
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10,168,399
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	713,882,867

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

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SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,845,523	100,085,461	101,216,345	108,970,741	113,400,427	518,518,497
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	57,415,964	55,421,029	55,434,953	55,434,953	55,434,957	279,141,856
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	152,261,487	155,506,490	156,651,298	164,405,694	168,835,384	797,660,353
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						797,660,353

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	152,261,487	155,506,490	156,651,298	164,405,694	168,835,384	797,660,353
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142,404	376,449	1,391,453	2,794,981	3,873,054	8,578,341
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.)	8,443,965	10,244,694	10,406,190	11,937,662	12,804,197	53,836,708
11 Total support. Add lines 7 through 10						860,075,402
12 Gross receipts from related activities, etc. (see instructions)					12	185,512,635
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 2019 (line 6, column (f) divided by line 11, column (f))	14	92.74 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	92.34 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
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>	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 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):		
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . .			
b Excess from 2016 . . .			
c Excess from 2017 . . .			
d Excess from 2018 . . .			
e Excess from 2019 . . .			

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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? Yes No
- 4a Was a correction made? Yes 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? Yes 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-.
(1)	_____			
(2)	_____			
(3)	_____			
(4)	_____			
(5)	_____			
(6)	_____			

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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 (grassroots 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

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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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		1,099,326
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		30,326
i Other activities?		✓	
j Total. Add lines 1c through 1i			1,129,652
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
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 campaign activity 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.

Schedule C, Part II-B, Line 1 - PERSONNEL ATTEND SEMINARS AND CONVENTIONS TO STAY CURRENT WITH INDUSTRY TRENDS AND TO NETWORK WITH LEGISLATORS, GOVERNMENT OFFICIALS AND OTHER LOBBYISTS. THE LOBBYING ACTIVITIES OF GMHC FOCUS ON COMMUNICATING GMHC'S STATUS AND IT'S BUSINESS CHALLENGES TO ELECTED OFFICIALS ON THE COUNTY, STATE AND FEDERAL LEVELS. GIVEN GMHC'S LARGE SHARE OF INDIGENT CARE IN GEORGIA, EFFORTS ARE PRIMARILY DIRECTED TO FINDING ADDITIONAL GOVERNMENT SUPPORT FOR DELIVERING CARE TO THAT UNDERSERVED POPULATION. GMHC IS ALSO A MEMEBER OF GEORGIA HOSPITAL ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION AND AMERICA'S ESSENTIAL HOSPITAL ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.

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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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number

26-2037695

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,062,035		3,062,035
b Buildings	0	288,011,319	177,642,611	110,368,708
c Leasehold improvements	0	44,550,482	1,796,395	42,754,087
d Equipment	0	430,845,836	320,440,554	110,405,282
e Other	0	49,440,131	0	49,440,131
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				316,030,243

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Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENT IN HSOC	1,455,243
(2) INSURANCE PROCEEDS RECEIVABLE	10,020,732
(3) OTHER RECEIVABLES	44,765,944
(4) PERMANENT ENDOWMENTS	23,295,677
(5) GOODWILL	147,065
(6) NMTC NOTES RECEIVABLE	37,024,247
(7) INVESTMENT IN NMTC	56,307,745
(8) INVESTMENT IN AFFILIATES	57,083,695
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	230,100,348

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WORKERS COMP RESERVE	641,525
(3) SELF INSURED LIABILITIES	39,255,117
(4) OTHER RESERVES	24,787,182
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	64,683,824

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Schedule D, Part X, Line 2 - GRADY APPLIES FASB ASC 740, INCOME TAXES (ASC 740), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS. ASC 740 PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS NO IMPACT ON GRADY'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF APPLYING ASC 740.

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26 2037695
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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	✓	
b If "Yes," was it a written policy?	1b	✓	
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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____%	3a	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	3b	✓	
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	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		✓
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	✓	
b If "Yes," did the organization make it available to the public?	6b	✓	

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)			160,488,030	80,623,787	79,864,242	6.03%
b Medicaid (from Worksheet 3, column a)			256,825,869	226,722,585	30,103,283	2.27%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs	0	0	417,313,899	307,346,372	109,967,525	8.3%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			18,177,172	9,336,378	8,840,795	0.67%
f Health professions education (from Worksheet 5)			122,439,063	32,619,021	89,820,042	6.78%
g Subsidized health services (from Worksheet 6)			117,418,002	10,305,375	107,112,627	8.09%
h Research (from Worksheet 7)			2,131,661	707,300	1,424,361	0.11%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	0	0	260,165,898	52,968,074	207,197,825	15.65%
k Total. Add lines 7d and 7j	0	0	677,479,797	360,314,446	317,165,350	23.95%

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			40,000		40,000	0%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	0	0	40,000	0	40,000	0%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓	
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		
	112,419,074		
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		
	0		
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	146,379,704
6 Enter Medicare allowable costs of care relating to payments on line 5	6	101,035,248
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	45,344,456
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	✓	
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	✓	

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? 2

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
1 GRADY MEMORIAL HOSPITAL 80 JESSE HILL JR DRIVE SE ATLANTA, GA, 30303 https://www.gradyhealth.org	✓	✓		✓		✓	✓			
2 HUGHES SPALDING CHILDRENS HOSPITAL 45 JESSE HILL JR DRIVE SE ATLANTA, GA, 30303 https://www.gradyhealth.org			✓	✓			✓			
3										
4										
5										
6										
7										
8										
9										
10										

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group GRADY MEMORIAL HOSPITAL

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

		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		✓
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		✓
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	3	✓	
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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	✓	
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	✓	
6b 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	✓	
7 Did the hospital facility make its CHNA report widely available to the public?	7	✓	
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): <u>https://www.gradyhealth.org</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓	
a If "Yes," (list url): <u>https://www.gradyhealth.org/static/community-benefit-summary/</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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		✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility: 1-GRADY MEMORIAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	✓	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Facility: 1-GRADY MEMORIAL HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	✓
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19	✓
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input checked="" type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✓
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)		

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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Facility: 1-GRADY MEMORIAL HOSPITAL

	Yes	No
<p>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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	✓
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	✓

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Schedule H (Form 990) 2019

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HUGHES SPALDING CHILDRENS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		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	✓
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	✓
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):	3	✓
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	✓
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	✓
6b	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	✓
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):	7	✓
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.gradyhealth.org/static/community-benefit-summary/</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓
a	If "Yes," (list url): <u>https://www.gradyhealth.org/static/community-benefit-summary/</u>		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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	✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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Schedule H (Form 990) 2019

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility: 2-HUGHES SPALDING CHILDRENS HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 ✓	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input 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 status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 ✓	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 ✓	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Schedule H (Form 990) 2019

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Facility: 2-HUGHES SPALDING CHILDRENS HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	✓
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	✓
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✓
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)		

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Schedule H (Form 990) 2019

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Facility: 2-HUGHES SPALDING CHILDRENS HOSPITAL

	Yes	No
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. <ul style="list-style-type: none"> a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method 		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	✓
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	✓

Part V Facility Information (continued)

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

Schedule H, Part V, Section B, Line 5-GRADY MEMORIAL HOSPITAL - GEORGIA STATE UNIVERSITY'S GEORGIA HEALTH POLICY CENTER, WHICH LED THE COLLABORATIVE CHNA PROCESS, INTERVIEWED NEARLY 30 INDIVIDUAL STAKEHOLDERS AND CONDUCTED FOCUS GROUPS AND/OR LISTENING SESSIONS WITH TWO GROUPS OF GRADY PROVIDERS AND NINE GROUPS OF RESIDENTS REPRESENTING FOUR DIFFERENT POPULATIONS. INTERVIEWEES INCLUDED TWO REPRESENTATIVES FROM DEKALB COUNTY BOARD OF HEALTH, PARTNERS FOR HOME, GEORGIA EQUALITY, MERCY CARE HEALTH CENTER FOR THE HOMELESS, KAISER PERMANENTE, CATHOLIC CHARITIES, ATLANTA REGIONAL COMMISSION, UNITED WAY, A VARIETY OF GOVERNMENT OFFICIALS REPRESENTING CITY OF CHAMBLEE, DEKALB COUNTY AND FULTON COUNTY, AMONG OTHERS. FOCUS GROUPS WERE CONDUCTED TO ASSESS THE NEEDS OF FULTON RESIDENTS, DEKALB RESIDENTS, VIETNAMESE SENIORS, LATINOS, CANCER PATIENTS AND PATIENTS WITH BEHAVIORAL HEALTH CONDITIONS.

Schedule H, Part V, Section B, Line 5-HUGHES SPALDING CHILDRENS HOSPITAL - HUGHES SPALDING CHILDRENS HOSPITAL IS MANAGED BY CHILDRENS HEALTHCARE OF ATLANTA.

Schedule H, Part V, Section B, Line 6a-GRADY MEMORIAL HOSPITAL - GRADY'S CHNA WAS CONDUCTED COLLABORATIVELY THROUGH THE ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT (ARCHI), WELLSTAR HOSPITALS PARTICIPATED IN THIS 2019 CHNA PROCESS.

Schedule H, Part V, Section B, Line 6a-HUGHES SPALDING CHILDRENS HOSPITAL - GRADY'S CHNA WAS CONDUCTED COLLABORATIVELY THROUGH THE ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT (ARCHI). WELLSTAR HOSPITALS PARTICIPATED IN THIS 2019 CHNA PROCESS.

Schedule H, Part V, Section B, Line 6b-GRADY MEMORIAL HOSPITAL - MERCY CARE HEALTH CENTER FOR THE HOMELESS AND KAISER PERMANENTE OF GEORGIA ALSO PARTICIPATED IN ARCHI'S COLLABORATIVE CHNA TO INFORM THEIR ORGANIZATION'S COMMUNITY HEALTH PRIORITIES. ADDITIONALLY, MANY OTHER HEALTHCARE, PUBLIC HEALTH, ACADEMIC, NON-PROFIT AND PHILANTHROPIC ORGANIZATIONS ARE MEMBERS OF ARCHI AND HELPED TO FORM THE 2019 CHNA. SOME OF THESE ORGANIZATIONS INCLUDE ATLANTA REGIONAL COMMISSION, UNITED WAY OF GREATER ATLANTA, CARTER CENTER, CENTERS FOR DISEASE CONTROL AND PREVENTION, GEORGIA DEPARTMENT OF PUBLIC HEALTH, AND GEORGIA HEALTH POLICY CENTER, AMONG OTHERS.

Schedule H, Part V, Section B, Line 6b-HUGHES SPALDING CHILDRENS HOSPITAL - MERCY CARE HEALTH CENTER FOR THE HOMELESS AND KAISER PERMANENTE OF GEORGIA ALSO PARTICIPATED IN ARCHI'S COLLABORATIVE CHNA TO INFORM THEIR ORGANIZATION'S COMMUNITY HEALTH PRIORITIES. ADDITIONALLY, MANY OTHER HEALTHCARE, PUBLIC HEALTH, ACADEMIC, NON-PROFIT AND PHILANTHROPIC ORGANIZATIONS ARE MEMBERS OF ARCHI AND HELPED TO FORM THE 2019 CHNA. SOME OF THESE ORGANIZATIONS INCLUDE ATLANTA REGIONAL COMMISSION, UNITED WAY OF GREATER ATLANTA, CARTER CENTER, CENTERS FOR DISEASE CONTROL AND PREVENTION, GEORGIA DEPARTMENT OF PUBLIC HEALTH, AND GEORGIA HEALTH POLICY CENTER, AMONG OTHERS.

Schedule H, Part V, Section B, Line 11-GRADY MEMORIAL HOSPITAL - Grady's most recent CHNA was conducted in 2019 and our Implementation Strategy (IS) was adopted at the end of 2019. Listed below is an overview of our work in 2019, which addressed the priorities identified in the 2016 CHNA: 1. IMPROVE COORDINATION OF CARE FOR GRADY PATIENTS WITH DIABETES, HYPERTENSION, PROSTATE CANCER, HIV/AIDS AND BEHAVIORAL HEALTH CONDITIONS. In partnership with the Atlanta Regional Collaborative for Health Improvement (ARCHI), several health systems in metro-Atlanta-Grady Health System, St. Joseph's Mercy Care, Wellstar, Piedmont Hospital, and Kaiser Permanente-formed a collaborative to improve diabetes population health outcomes and launched a pilot that included digital education and telephonic coaching. Over 600 patients participated in the digital education program and nearly all who completed the program reported that it was helpful to their diabetes management. Among the 70 patients enrolled in telephonic coaching, a majority were able to lose weight, lower their blood pressure or lower their A1C. Nearly half (49%) of the coaching patients had two or more social needs, and coaches were able to connect patients to resources including financial assistance, housing, transportation, SNAP and mental health services. This pilot highlighted the complex nature of patients with uncontrolled diabetes and showed that person-centered coaching focused on addressing nonclinical needs is effective in improving clinical outcomes. The partners continue to work together to address diabetes and apply lessons learned to the next phase. Community Health Workers (CHWs) are critical members of a patient's care team, and Grady continues to expand access to CHWs to improve outcomes. In late 2018, in partnership with United Way of Greater Atlanta, Grady added a CHW in Women's Services to reduce preterm births, low birth weight, infant mortality, maternal mortality

Part V- Section C - Supplemental Information For Part V Section B (Continued)

and the use of emergency services for pregnancy care. This CHW provides prenatal care coordination, linkage to other health, community or social services, and education to reinforce healthy behaviors. Within the first year, 26 women began working with the CHW and 22 completed the intervention. Among these patients, the CHW completed 35 home visits, coordinated 217 medical appointments, completed 13 community referrals, and helped secure housing, baby supplies, and transportation. Of the 22 women who completed the intervention, only four (18%) had an infant with low or very low birth weight, four (18%) had a pre-term delivery, 14 (63%) were breastfeeding one-week post-partum, and 14 (63%) were connected to a primary care physician. Grady is continuing to optimize this program through expanded referral pathways and partnerships with other Grady services to better serve moms and babies. Grady also worked with the Westside Health Collaborative (WHC) to refer patients with uncontrolled diabetes or hypertension to CHWs based at Chris 180, a WHC partner. The program was designed to help residents of Westside neighborhoods (Vine City and English Avenue) improve their health and connect to community resources. Ten percent of Grady's patients reside in Westside neighborhoods, a community with high poverty rates, low educational attainment and significant health disparities. Throughout 2019, a Nurse Care Coordinator at Grady's Asa Yancey Neighborhood Health Center identified and referred 111 eligible patients. Among the 59 patients who enrolled, 51 attended follow up appointments, 53 achieved blood glucose readings within the prescribed range and 57 recorded blood pressure readings within the healthy range. Just over half were taking their medication as prescribed and engaging in physical activity. In addition, the CHW was able to connect patients with transportation support, food assistance, utility assistance, and home health coordination. In 2019, Grady expanded Medication-Assisted Treatment (MAT) in partnership with Fulton County. MAT is a treatment that combines medications with counseling and behavioral therapies for patients who suffer from an opioid use disorder (OUD) related to prescription opioids. With the support of the County, Grady doubled the capacity of the service to increase access for Fulton County residents. Grady also added inductions, MAT initiation, at the main hospital to better facilitate the transition to outpatient care. Through this partnership, Grady served 139 people in 2019, about one-third of whom came from Grady Hospital following an overdose. 2. INCREASE OPPORTUNITIES FOR ALL GEORGIANS, WITH A FOCUS ON PERSONS SERVED BY GRADY HEALTH SYSTEM, TO ACCESS HEALTHCARE. Grady has engaged a number of resources to assist patients in gaining access to Medicaid and other public benefits. In 2019, Grady submitted more than 3,962 Medicaid applications for patients. Through our Food as Medicine Partnership, the Atlanta Community Food Bank and Wholesome Wave Georgia submitted 369 Medicaid and 681 Supplemental Nutrition Assistance Program (SNAP) applications on behalf of Grady patients. In 2019, Grady expanded critical health care services to southwest Atlanta with our newest facility, camp creek comprehensive care center. It is a state-of-the-art, one-stop shop for adult and pediatric primary care and specialty care, including women's health services, cardiology, orthopedics, geriatrics, and much more. The center has quick on-site lab services and advanced imaging including x-ray, CT scans and mammography. 3. INCREASE PATIENT AND COMMUNITY ENGAGEMENT IN HEALTHY BEHAVIORS TO PREVENT DIABETES, HYPERTENSION, HIV, UNINTENTIONAL INJURIES, AND HOMICIDE. Georgia has the highest rate of HIV diagnoses of all states and most HIV diagnoses occur in Atlanta. Pre-exposure Prophylaxis (PrEP) with once daily, oral Truvada(R) is up to 99% effective at preventing HIV infection in high-risk groups, including men who have sex with men. Despite its safety and effectiveness, PrEP use remains low in Atlanta and the Southern US. In 2018, GHS launched its first pilot PrEP program within the Primary Care Center and neighborhood health centers. After starting 94 individuals on PrEP during the nine-month pilot, Grady expanded the service in 2019. Through the Food as Medicine (FAM) Partnership, a collaboration between Grady, the Atlanta Community Food Bank, and Open Hand Atlanta, Grady established the Fresh Food Cart (FFC) at Grady's Brookhaven Health Center in June 2019 to pilot a scaled approach to fresh food distribution at our neighborhood health centers. In an effort to address both food insecurity and chronic disease, the FFC provides fresh produce to Grady patients and their families twice a month. In 2019, the FFC grew from serving about 100 patients per event to nearly 200. In 2019, there were 1,400 patient visits and we distributed over 41,000 pounds of fresh produce. FAM Partners also expanded the Fruit and Vegetable Prescription (FVRx) Program in partnership with Wholesome Wave Georgia in 2019 from four to seven cohorts. The Grady Nutrition Team achieved a 90% retention rate in this six-month program. This resulted in 156 patients receiving six cooking classes, six nutrition classes, and nearly \$50,000 of food prescriptions redeemed for fresh produce at local farmers markets. Most importantly, patient health improved. We observed reductions in weight, waist circumference, blood pressure and A1C for those with diabetes. Although Grady did not select low birth weight (LBW) as a priority in 2016, Grady offers a robust centering program to address LBW and the CHW hired in Women's Services this year is having an impact on LBW. Similarly, Grady is continuously working to improve breast cancer services and has a robust patient-centered care initiative that drives this work. The other lower priorities of Grady's 2016 CHNA-obesity, poverty, and high school education non-attainment-were not included as areas of focus, because Grady does not have the resources or expertise to significantly address these community health needs, and because other ARCHI partners with the resources and expertise are leading various initiatives to address these needs.

Schedule H, Part V, Section B, Line 11-HUGHES SPALDING CHILDRENS HOSPITAL - INDIRECTLY BENEFITS FROM GMHC PLAN.

Schedule H, Part V, Section B, Line 13h-GRADY MEMORIAL HOSPITAL - REFER TO THE FINANCIAL ASSISTANCE POLICY (FAP) ATTACHED. FOR PROCESS, DEFINITIONS, AND TIER LEVELS, DISCOUNTED CARE WITH COPAYMENTS FOR PATIENTS WITH VERIFIED INCOME LEVELS OF ANNUAL GROSS FAMILY INCOMES FROM 251% TO 400% OF CURRENT FEDERAL POVERTY INCOME LEVEL (FPI) AND HOMELESS WITH 0% FPI QUALIFY FOR FREE CARE UP TO 400% FPL.

Schedule H, Part V, Section B, Line 13h-HUGHES SPALDING CHILDRENS HOSPITAL - REFER TO THE FINANCIAL ASSISTANCE

Part V- Section C - Supplemental Information For Part V Section B (Continued)

POLICY (FAP) ATTACHED. FOR PROCESS. DEFINITIONS, AND TIER LEVELS, DISCOUNTED CARE WITH COPAYMENTS FOR PATIENTS WITH VERIFIED INCOME LEVELS OF ANNUAL GROSS FAMILY INCOMES FROM 251% TO 400% OF CURRENT FEDERAL POVERTY INCOME LEVEL(FPI) AND HOMELESS WITH 0% FPI QUALIFY FOR FREE CARE UP TO 400% FPL.

Schedule H, Part V, Section B, Line 15e-GRADY MEMORIAL HOSPITAL - THE FINANCIAL COUNSELORS WILL ADVISE ELIGIBLE PATIENTS VERBALLY AS TO WHERE AND HOW TO APPLY FOR FOOD STAMPS AND DETERMINE IF THEY MEET CRITERIA FOR MEDICAID, SOCIAL WORKERS WILL TYPICALLY PROVIDE INFORMATION REGARDING HOUSING, FOOD STAMPS, AND OTHER SERVICES TO PATIENTS. A FINANCIAL COUNSELOR MAY DETERMINE IF A PATIENT MEETS CRITERIA FOR PRESUMPTIVE MEDICAID, WOMEN'S HEALTH MEDICAID, WOMEN'S MEDICAID WAIVER, CANCER STATE AID, CRIME VICTIMS COMPENSATION PROGRAM, RIGHT FROM THE START MEDICAID FOR NEWBORNS, EMERGENCY MEDICAL ASSISTANCE, MEDICAID FOR UNDOCUMENTED WOMEN WHO DELIVER THEIR NEWBORNS, PRESUMPTIVE MEDICAID, LOW INCOME MEDICAID, ETC. AND COMPLETE THE APPLICATION AS APPROPRIATE. THE FINANCIAL COUNSELOR MAY ALSO REFER A PATIENT TO APPLY FOR MEDICAID WITH THE DEPARTMENT OF FAMILY AND CHILDRENS' SERVICES-GRADY OUTREACH UNIT. GMHC HAS VENDOR PARTNERSHIPS ON CAMPUS WHERE BY REPRESENTATIVES ARE COMPLETING APPLICATIONS FOR ELIGIBLE PATIENTS FOR VARIOUS MEDICAID PROGRAMS SUCH AS THOSE ABOVE, SSI, SSD, ETC.

Schedule H, Part V, Section B, Line 15e-HUGHES SPALDING CHILDRENS HOSPITAL - THE FINANCIAL ASSISTANCE PROGRAM POLICY, APPLICATION AND INSTRUCTIONS ARE PUBLICIZED TO INCLUDE CHILDREN'S HEALTHCARE OF ATLANTA WEBSITE. PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE ELECTRONICALLY VIA EMAIL, MAY APPLY IN PERSON, BY MAIL, OR MAY QUALIFY AT THE POINT OF REGISTRATION THROUGH A PRESUMPTIVE AUTOMATED THIRD PARTY SOFTWARE.

Schedule H, Part V, Section B, Line 16j-GRADY MEMORIAL HOSPITAL - LINE 16a FAP POLICY IS ON THE INTERNET AT [HTTPS://WWW.GRADYHEALTH.ORG/BILLING-INSURANCE/#financial-assistance-program](https://www.gradyhealth.org/billing-insurance/#financial-assistance-program) LINE 16b FAP APPLICATION IS ONLINE AT [HTTPS://WWW.GRADYHEALTH.ORG/wp-content/uploads/201804/Grady-financial-assistance-Application-2.pdf](https://www.gradyhealth.org/wp-content/uploads/201804/Grady-financial-assistance-Application-2.pdf) LINE 16c FAP PLAIN LANGUAGE SUMMARY CAN BE FOUND ONLINE AT [HTTPS://WWW.GRADYHEALTH.ORG/financial-assistance-program/](https://www.gradyhealth.org/financial-assistance-program/)

Schedule H, Part V, Section B, Line 16j-HUGHES SPALDING CHILDRENS HOSPITAL - IN EARLY 2018, GMHC'S 2014 FORM 990 WAS AUDITED BY THE IRS WITH PARTICULAR EMPHASIS ON SECTION 501R. UPON COMPLETION OF THE AUDIT, GMHC WAS ADVISED TO ADD SOME ADDITIONAL VERBIAGE TO THE FAP AND PLAIN LANGUAGE SUMMARY, WHICH THE ORGANIZATION TOOK THE NECESSARY STEPS TO COMPLY. NO PENALTIES WERE ASSESSED AS THE CHANGES WERE ADVISORY IN NATURE. ALL FUTURE FORM 990 RETURNS WILL CONTAIN THE REQUIRED INFORMATION GOING FORWARD.

Schedule H, Part V, Section B, Line 20a-GRADY MEMORIAL HOSPITAL - THIS PROCEDURE WAS NOT PART OF ELIGIBILITY PROCESS PER #19 ABOVE.

Schedule H, Part V, Section B, Line 20a-HUGHES SPALDING CHILDRENS HOSPITAL - PROCESS NOT PERFORMED

Schedule H, Part V, Section B, Line 20b-GRADY MEMORIAL HOSPITAL - THIS PROCEDURE WAS NOT PART OF ELIGIBILITY PROCESS PER #19 ABOVE.

Schedule H, Part V, Section B, Line 20c-GRADY MEMORIAL HOSPITAL - THIS PROCEDURE WAS NOT PART OF THE ELIGIBILITY PROCESS PER #19 ABOVE.

Schedule H, Part V, Section B, Line 20d-GRADY MEMORIAL HOSPITAL - THIS PROCEDURE WAS NOT PART OF ELIGIBILITY PROCESS PER #19 ABOVE.

Schedule H, Part V, Section B, Line 20d-HUGHES SPALDING CHILDRENS HOSPITAL - THIS PROCESS NOT PERFORMED.

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 CRESTVIEW HEALTH & REHABILITATION 2800 SPRINGDALE RD ATLANTA, GA, 30315	NURSING HOME
2 EMERGENCY MEDICAL SERVICE 745 MEMORIAL DRIVE ATLANTA, GA, 30316	AMBULANCE SERVICE
3 KIRKWOOD PHARMACY 1863 MEMORIAL DRIVE ATLANTA, GA, 30317	PHARMACY
4 BROOKHAVEN PHARMACY 2695 BUFORD HIGHWAY ATLANTA, GA, 30324	PHARMACY
5 EAST POINT PHARMACY 1595 WEST CLEVELAND AVENUE EAST POINT, GA, 30344	PHARMACY
6 PONCE INFECTIOUS DISEASE PHARMACY 341 PONCE DE LEON AVENUE ATLANTA, GA, 30308	PHARMACY
7 GRADY BEHAVIORAL HEALTH PHARMACY 10 PARK PLACE, 3RD FLOOR ATLANTA, GA, 30303	PHARMACY
8 MAIN OUTPATIENT PHARMACY 48 COCA COLA PLACE ATLANTA, GA, 30303	PHARMACY
9 ASA YANCEY PHARMACY 1247 DONALD LEE HOLLOWELL PARKWAY ATLANTA, GA, 30318	PHARMACY
10 CENTRAL REFILL PHARMACY 1575 NORTHSIDE DRIVE, BUILDING 400 SUITE 450 ATLANTA, GA, 30318	PHARMACY

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.

Schedule H, Part I, Line 3c - THE FEDERAL POVERTY GUIDELINES (FPG) ARE USED TO DETERMINE THE ELIGIBILITY FOR FREE OR DISCOUNTED CARE WITH 400% OF FPG BEING THE UPPER LIMIT OF QUALIFICATION TO THE PROGRAMS.

Schedule H, Part I, Line 6a - 2019 COMMUNITY BENEFIT REPORT WAS PREPARED IN 2020.

Schedule H, Part I, Line 7 - CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COSTS WERE DETERMINED USING DATA FROM THE AUDITED FINANCIAL STATEMENTS AND THE 2019 FILED MEDICARE AND MEDICAID COST REPORTS.

Schedule H, Part II - GRADY IS A MEMBER ORGANIZATION OF THE ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT (ARCHI). ARCHI IS AN INTERDISCIPLINARY COALITION WORKING TO IMPROVE THE REGION'S (DEKALB AND FULTON COUNTIES) HEALTH THROUGH A COLLABORATIVE APPROACH TO CHNAS AND SUBSEQUENT HEALTH IMPROVEMENT INITIATIVES. GRADY HOLDS A SEAT ON THE ARCHI STEERING COMMITTEE FOR ONGOING LEADERSHIP AND CONNECTIVITY TO HEALTH IMPROVEMENT INITIATIVES, AND HAS SIGNED THE ARCHI MEMBERSHIP AGREEMENT IN SUPPORT OF SUSTAINABILITY AND AN ORGANIZATION STRUCTURE. GRADY ALSO PROVIDES FUNDING TO ARCHI TO SUPPORT THE STAFFING, DATA ANALYTICS, AND PARTNERSHIP BUILDING ACTIVITIES. GRADY CONTINUES TO WORK WITH AND THROUGH ARCHI TO CONDUCT ITS CHNAS IN ORDER TO MAXIMIZE THE IMPACT OF COMMUNITY INVESTMENT IN HEALTH IMPROVEMENT.

Schedule H, Part III, Section A, Line 4 - GMHC ALSO INCURS SIGNIFICANT COSTS ASSOCIATED WITH CARE FOR THE UNDER AND UNINSURED THAT DO NOT APPLY AND/OR QUALIFY FOR CHARITY CARE ASSISTANCE. GMHC INCURRED BAD DEBT EXPENSE OF APPROXIMATELY \$679M VALUED IN GROSS CHARGES. ON LINE 2, THE COST FOR BAD DEBT EXPENSE IS BASED UPON THE PATIENT CARE COST TO CHARGE PERCENTAGE OF 17% OF ACTUAL PROVISION OF \$113M IN 2019.

Schedule H, Part III, Section B, Line 8 - EXPENSES ARE REPORTED FROM THE MEDICARE COST REPORT CMS-2552-86 FOR THE YEAR ENDED 12/31/19.

Schedule H, Part III, Section C, Line 9b - THE ORGANIZATION HAS UNIQUE ELIGIBILITY CODES TO EACH PATIENT QUALIFYING FOR CHARITY CARE TO ALLOW IT TO WRITE-OFF THE CHARITY CARE PRIOR TO THE COLLECTION PROCESS.

Schedule H, Part VI, Line 2 - IN ADDITION TO GRADY'S CHNA, MANY OF THE COALITIONS THAT GRADY PARTICIPATES IN, OR PARTNERS WITH OUTSIDE ORGANIZATIONS, ALSO ASSESS THE NEEDS OF THEIR COMMUNITIES OR TARGET POPULATIONS. MANY OF WHICH ALIGN OR OVERLAP WITH GRADY'S COMMUNITY, COALITIONS OR PARTNER ORGANIZATIONS WITH ASSESSMENTS THAT ALSO INFORM GRADY'S WORK INCLUDE ARTHUR BLANK FOUNDATION'S WESTSIDE ON THE RISE INITIATIVE, ATLANTA BELTLINE PARTNERSHIP, GEORGIA STATE DEPARTMENT OF PUBLIC HEALTH, ATLANTA REGIONAL COMMISSION, UNITED WAY, MERCY CARE, AND THE ATLANTA REGIONAL COMMUNITY FOOD BANK.

Schedule H, Part VI, Line 3 - PER STATE REGULATIONS, GMHC PLACES ANNUAL ICTF NOTICES IN THE LOCAL NEWSPAPER AND

Part VI- Supplemental Information (Continued)

SIGNAGE IS POSTED, ADVISING PATIENTS OF ALL CHARITY CARE PROGRAMS WITHIN THE ORGANIZATION, BASED ON THE PATIENT'S FINANCIAL CIRCUMSTANCES, AND MEDICAL CONDITION, A FINANCIAL COUNSELOR WILL CONSULT WITH THE PATIENT TO DETERMINE BEST FIT FOR THE CRITERIA OF THE VARIOUS ASSISTANCE PROGRAMS. THE APPROPRIATE APPLICATION IS COMPLETED AND THE FINANCIAL ASSISTANCE PROGRAM IS EXPLAINED TO THE PATIENT SIMULTANEOUSLY.

Schedule H, Part VI, Line 4 - Grady is the safety-net provider for Fulton and DeKalb counties, our primary service area. About 2 million people live in these two counties and they are younger and more diverse, with a higher percentage of limited English-speaking skills, and higher-income earning when compared to the state as a whole. However, major disparities exist between racial and socio-economic groups. According to Grady's 2019 CHNA, African Americans make up 54% and 44% of the population in DeKalb and Fulton Counties, respectively, and 16-18% of residents live below the federal poverty level, an increase from the previous CHNA. Grady also provides specialized services to the greater metro area, which the Atlanta Regional Commission defines as a 10 county region with a total population of 4.7 million. The region continues to grow and become increasingly diverse.

Schedule H, Part VI, Line 5 - Grady launched the Marcus Stroke Scholars Program in 2019 to develop the academic careers of the most promising vascular neurologists. The up to four-year program at Grady's Marcus Stroke and Neuroscience Center focuses on enhancing each scholar's subspecialty and research skills in cerebrovascular disease. It will bring some of the brightest minds in the medical profession together at Grady and allow the Marcus Stroke and Neuroscience Center to have an even greater impact on the future of stroke treatment and patient care. In June 2019, Grady's hospital-based violence intervention program, known as PIVOT, celebrated its one-year anniversary of serving victims of firearm related injury. In the course of one year, the PIVOT team identified over 700 patients with firearm related injuries, worked with 25 community partners, and held 12 task force meetings. Community partners and resources provided to PIVOT participants included the domains of housing, education, job training, and substance use. The PIVOT team also explored partnerships to expand service to DeKalb County. Additionally in 2019, Grady's Injury Prevention Team was awarded federal funds to facilitate the statewide expansion of the Cardiff Model for Violence Prevention. One project, funded by the Centers for Disease Control and Prevention through Grady partner the Injury Prevention Research Center at Emory, facilitates the expansion through the Georgia Trauma System and its centers across the state. This two-year project was awarded \$127,000. The second project, funded by the Bureau of Justice Assistance, focuses on expanding the Cardiff Model with metro Atlanta law enforcement agencies, and is funded for one year in the amount of \$80,000.

Schedule H, Part VI, Line 6 - WHILE GRADY IS NOT LEGALLY AFFILIATED WITH THE EMORY HEALTHCARE SYSTEM, WE ARE PRIMARY TRAINING FOR MORE THE 1,000 EMORY AND MOREHOUSE INTERNS AND RESIDENTS EACH YEAR.

Schedule H, Part VI, Line 7 - GMHC FILES A COMMUNITY BENEFIT REPORT IN GEORGIA.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number

26-2037695

Part I General Information on Grants and Assistance

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

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

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

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

3 Enter total number of other organizations listed in the line 1 table **0**

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

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Schedule I, Part IV, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Schedule I (2019)

EIN: 26-2037695

Page: 1

Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE ATLANTA, GA 30310	58-1438873	12,020,196	
IRC code section	501 (c) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	RESIDENCY PROGRAM			

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2019

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

GRADY MEMORIAL HOSPITAL CORPORATION

26-2037695

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	✓									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	✓									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		✓								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>											
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p>a The organization?</p>	5a		✓								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b		✓								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p>a The organization?</p>	6a		✓								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b		✓								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		✓								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOHN M HAUPERT FACHE, PRESIDENT AND CEO	(i) 1,183,835	(ii) 477,809	(iii) 34,648	11,200	20,754	1,728,246	0
		(ii) 0	0	0	0	0	0	0
2	RICHARD RHINE, EXEC VP / CFO	(i) 558,303	(ii) 125,476	(iii) 25,000	11,200	11,922	731,901	0
		(ii) 0	0	0	0	0	0	0
3	RHONDA SCOTT, EXEC VP / COO	(i) 989,312	(ii) 94,050	(iii) 23,062	14,461	10,030	1,130,915	0
		(ii) 0	0	0	0	0	0	0
4	TIMOTHY JEFFERSON, EXEC VP /GENERAL COUNSEL	(i) 433,299	(ii) 100,035	(iii) 23,374	25,121	19,147	600,976	0
		(ii) 0	0	0	0	0	0	0
5	LINA GEORGE, EXEC VP / CHIEF HR OFFICER	(i) 349,558	(ii) 80,769	(iii) 25,000	2,160	8,157	465,644	0
		(ii) 0	0	0	0	0	0	0
6	CRAIG TINDALL, SVP / CLINICAL OPERATIONS	(i) 621,252	(ii) 81,510	(iii) 14,377	17,245	1,605	735,989	0
		(ii) 0	0	0	0	0	0	0
7	JACQUELINE HERD, EXEC VP / CNO	(i) 301,495	(ii) 64,738	(iii) 25,000	11,200	17,755	420,188	0
		(ii) 0	0	0	0	0	0	0
8	MICHELLE WALLACE, SVP CHIEF CLINICAL OFFICER	(i) 278,786	(ii) 79,297	(iii) 19,000	6,323	2,490	385,896	0
		(ii) 0	0	0	0	0	0	0
9	ROBERT JANSEN, EXEC VP / CMO	(i) 570,666	(ii) 122,445	(iii) 23,998	11,200	23,039	751,348	0
		(ii) 0	0	0	0	0	0	0
10	PETER RHEE, SVP / CHIEF ACUTE CARE SURGERY	(i) 567,000	(ii) 0	(iii) 0	0	0	567,000	0
		(ii) 0	0	0	0	0	0	0
11	BENJAMIN MCKEEBY, SVP / CIO	(i) 382,580	(ii) 100,801	(iii) 19,000	11,200	16,308	529,889	0
		(ii) 0	0	0	0	0	0	0
12	MARY SALE, SVP / CHIEF STRATEGY OFFICER	(i) 354,856	(ii) 101,346	(iii) 19,000	8,522	3,129	486,853	0
		(ii) 0	0	0	0	0	0	0
13	KELLEY CARROLL, SVP CHIEF AMBULATORY OFFICER	(i) 663,049	(ii) 86,426	(iii) 15,879	11,200	19,242	795,796	0
		(ii) 0	0	0	0	0	0	0
14	WILLIAM COMPTON, SVP EMERG MED SVCS	(i) 303,981	(ii) 80,798	(iii) 12,600	11,200	7,277	415,856	0
		(ii) 0	0	0	0	0	0	0
15	LINDSAY CAULFIELD, SVP/CHF EXPERIENCE OFFICER	(i) 304,776	(ii) 66,272	(iii) 25,000	5,015	10,126	411,189	0
		(ii) 0	0	0	0	0	0	0
16	MARTY SCOTT, SVP CHIEF QUALITY/PT SAFETY OFFICER	(i) 497,100	(ii) 58,329	(iii) 19,000	10,319	7,292	592,040	0
		(ii) 0	0	0	0	0	0	0

Part III Supplemental Information

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

Schedule J, Part I, Line 1a - CLUB DUES ARE PAID FOR EXECUTIVE VICE PRESIDENTS AND HIGHER FOR BUSINESS PURPOSES. IN 2019, GMHC PAID DUES FOR SIX EXECUTIVES WITH NO PERSONAL USE REPORTED AS TAXABLE INCOME.

Schedule J, Part I, Line 4 - SEVERENCE PAYMENTS: PETER RHEE \$667,000, RHONDA SCOTT \$234,965, CRAIG TINDALL \$152,000 NON QUALIFIED PLANS: EXECUTIVE STAFF PARTICIPATES IN 457F PLAN, PAYMENTS ARE MADE TO PARTICIPANTS LEAVING THE HEALTH SYSTEM 2019 PAYMENTS, SUCH PAYMENTS FOR 2019 WERE RHONDA SCOTT \$424,355, CRAIG TINDALL \$267,456

Schedule J, Part I, Line 7 - DESCRIPTION OF NON-FIXED PAYMENTS: THERE WAS A FORMAL PLAN FOR SENIOR LEADERSHIP WITH SPECIFIC OBJECTIVES AND PERCENTAGE PAYOUTS BASED ON ACCOMPLISHMENT OF THOSE OBJECTIVES, THE PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE GMHC BOARD.

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SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

GRADY MEMORIAL HOSPITAL CORPORATION

26-2037695

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total ▶ \$ **3,645**

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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Schedule L, Part V, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Schedule L (2019)

EIN: 26-2037695

Page: 1

Part II

Description of Loans to and/or From Interested Persons

Name of interested person	Relationship with organization	Purpose of loan	Loan to	Loan fr.	OPA	Due	Dflt.	Appr.	Writt.
JOHN M HAUPERT	CEO	FORGIVABLE		Yes	500,000	3,645	No	Yes	Yes
Total:						3,645			

Loan to = Loan to organization?

Loan fr. = Loan from organization?

OPA = Original principal amount

Due = Balance due

Dflt. = In default?

Appr. = Approved by board or committee?

Writt. = Written agreement?

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

GRADY MEMORIAL HOSPITAL CORPORATION

26-2037695

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
19 Food inventory				
20 Drugs and medical supplies	✓	24	44,197,595	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
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 29 0

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?	30a		✓
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	✓	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

GRADY MEMORIAL HOSPITAL CORPORATION

26-2037695

Form 990, Part VI, Section A, Line 3 - GMHC HAS CONTRACTED WITH CHILDREN'S HEALTHCARE OF ATLANTA (CHOA) TO MANAGE OPERATIONS OF HUGHES SPALDING CHILDREN'S HOSPITAL. CHOA OVERSEES DAILY OPERATIONS.

Form 990, Part VI, Section B, Line 11b - IN NOVEMBER, 2020 THE AUDIT COMMITTEE OF GRADY MEMORIAL HOSPITAL CORPORATION (GMHC) REVIEWED A DRAFT OF THE 2019 FORM 990, WHICH HAD PREVIOUSLY BEEN REVIEWED BY MANAGEMENT, WHICH WAS THEN DISTRIBUTED TO EACH COMMITTEE MEMBER, DISCUSSION ENSUED AND COMMENTS AND SUGGESTIONS WERE TAKEN INTO CONSIDERATION IN FINALIZING THE FORM SUBSEQUENT TO THE BOARD MEETING FOR FINAL APPROVAL. A FINAL DRAFT WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c - GMHC HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. GHMC IS COMMITTED TO THE BELIEF THAT SOUND BUSINESS PRACTICES START WITH AN ABSOLUTE COMMITMENT FROM EACH EMPLOYEE TO ACT ETHICALLY IN CARRYING OUT GHMC'S BUSINESS, AND TO COMPLY WITH THE LAWS AND REGULATIONS THAT WOULD IMPACT ITS BUSINESS. THUS GMHC'S EMPLOYEES MUST PARTICIPATE IN ACTIVITIES THAT CREATE OR APPEAR TO CREATE A COFLICT OF INTEREST. GMHC'S CONFLICT OF INTEREST SURVEY IS ADMINISTERED ANUALLY TO OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER IDENTIFIED PERSONNEL AND AT THE TIME OF APPOINTMENT AND REAPPOINTMET OF MEDICAL STAFF. AFFIRMATIVE REPLIES ARE REVIEWED FOR DETERMINING APPROPRIATE MANAGEMENT, WHERE APPLICABLE.

Form 990, Part VI, Section B, Line 15 - EXECUTIVE COMPENSATION FALLS WITHIN THE PURVIEW OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND IS REVIEWED ANNUALLY. GMHC'S BOARD OF DIRECTORS DESIGNATED THE COMPENSATION COMMITTEE TO BERESPONSIBLE FOR ESTABLISHING COMPENSATION PRACTICES WHICH ARE REASONABLE AND DO NOT VIOLATE THE PRIVATE INUREMENT PROHIBITION.

Form 990, Part VI, Section C, Line 19 - GMHC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS MADE PUBLIC BY POSTING ON THE WEBPAGE THAT CAN BE FOUND ON FORM 990, PAGE 1, ITEM J.

Form 990, Part VII, Section A, Line 1a - EX OFFICIO NON-VOTING MEMBERS OF THE BOARD OF DIRECTORS: AD "PETE" CORRELL, JOHN M HAUPERT FACHE, VALERIE MONTGOMERY RICE, MD, VIKAS P. SUKHATME, MD ScD

Form 990, Part IX, Line 11g - PROGRAM SERVICE EXPENSES TOTAL OTHER P/SCVS OF 267,567,710 BREAKDOWN TO PRO FEES 182,274,664 LINEN, CLEANING, DIETARY, ELIGIBILITY 23,631,590 MEDICAL P/SVCS 26,785,220 OTHER P/SCVS 12,300,000 OUTSIDE AGENCY 12,893,859 REPAIRS & MNTC 4,455,393 COLLECTIONS 5,226,984 WITH MGMT AND GEN EXPENSES OF 41,986,552 BREAKDOWN TO LINEN, CLEANING, DIETARY, ELIGIBILITY 16,958,568 OTHER P/SCVS 8,826,761 OUTSIDE AGENCY 9,252,928 REPAIRS & MNTC 3,197,292 COLLECTIONS 3,751,003

Form 990, Part XI, Line 9 - INCREASE IN NET ASSETS CONSISTS OF CHANGES IN ASSET VALUATIONS AND INCREASE IN DONATIONS PUT INTO SERVICE.

Schedule B, Part I - 501(C)(3) ORGANIZATION

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Schedule O, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2019)

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Page: 1

Header Section

Reasonable Cause Explanations

Explanation

FILING DATE EXTENDED BY APPROPRIATE FORM SUBMISSION.

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Schedule O, Statement 2

GRADY MEMORIAL HOSPITAL CORPORATION

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Part I, Line 1

Activity Or Mission Description

Description

CULTURALLY COMPETENT, ETHICAL, AND FISCALLY RESPONSIBLE MANNER. GRADY MAINTAINS ITS COMMITMENT TO THE UNDERSERVED OF FULTON AND DEKALB COUNTIES WHILE ALSO PROVIDING CARE TO RESIDENTS OF METRO ATLANTA AND GEORGIA. GRADY LEADS THROUGH CLINICAL EXCELLENCE, INNOVATIVE RESEARCH AND PROGRESSIVE MEDICAL EDUCATION AND TRAINING.

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Schedule O, Statement 3

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2019)

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Part III, Line 1

Mission Description

Description

PROVIDING CARE TO RESIDENTS OF METRO ATLANTA AND GEORGIA. GRADY LEADS THROUGH CLINICAL EXCELLENCE, INNOVATIVE RESEARCH AND PROGRESSIVE MEDICAL EDUCATION AND TRAINING.

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Schedule O, Statement 4

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2019)

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Part III, Line 4a

First Program Service Accomplishments Description

Description

RECEIVES SOME REIMBURSEMENT FROM FULTON AND DEKALB COUNTIES, MEDICAID, AND SOME FUNDING FROM THE STATE OF GEORGIA'S INDIGENT CARE TRUST FUND (INCLUDING FEDERAL MATCHING FUNDS) TO HELP SUPPORT THE COSTS OF CARING FOR SO MANY IN THE REGION. GRADY HAS BEEN AND CONTINUES TO BE SIGNIFICANTLY CHALLENGED BY THE FINANCIAL BURDEN OF PROVIDING SO MUCH FREE CARE TO THE REGION.

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Schedule O, Statement 5

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2019)

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Part III, Line 4c

Third Program Service Accomplishments Description

Description

PROFESSIONALS HANDLE MORE THAN 245,000 CALLS THROUGHOUT GEORGIA, IN 2019. ADDITIONALLY, GRADY EMS ALSO MANAGES A MOBILE INTEGRATED HEALTH (MIH) CARE PROGRAM WHICH PROVIDES PRE AND POST HOSPITAL CARE FOR PATIENTS IN AN EFFORT TO REDUCE THE STRAIN ON EMS AND ECC. MIH ALSO INCREASES ACCESS TO PREVENTATIVE CARE, WORKING TO REDUCE HOSPITAL RE-ADMITS AND LOWER LENGTH OF HOSPITAL STAYS. ALSO NOTABLE, GRADY EMS OPERATES ATLANTA'S LARGEST SPECIALIZED EVENT EMS DIVISION SERVING STADIUMS, CONCERTS, MARATHONS, AND FESTIVALS THROUGHOUT THE CITY OF ATLANTA.

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Schedule O, Statement 6

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2019)

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Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	GRADY'S OTHER PROGRAMS INCLUDE NATIONALLY RECOGNIZED PROGRAMS IN THE AREAS OF INFECTIOUS DISEASE, DIABETES, AND SICKLE CELL AS WELL AS REGIONAL SERVICE FOR NEONATAL TRANSPORT, MATERNAL AND INFANT PROJECT, CARDIOVASCULAR HEALTH, PSYCHOLOGY, BURN, CANCER AND MARCUS STROKE AND NEUROSCIENCE CENTER. PRIMARY CARE SERVICES ARE ALSO PROVIDED THROUGH HOSPITAL MAIN-CAMPUS DEPARTMENTS AND NEIGHBORHOOD CLINICS.	949,174,179	0	1,235,880,261
Total:		949,174,179	0	1,235,880,261

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number
26-2037695

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) GRADY EMS LLC (81-4571957) 80 JESSE HILL JUNIOR DRIVE SE, ATLANTA, GA 30303	EMERGENCY TRANSPORTATION	GA	0	0	GRADY MEMORIAL
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HENRY W GRADY HEALTH SYSTEM FOUNDATION (58-2130437) 191 PEACHTREE STREET Suite 820, ATLANTA, GA 30303	HEALTH CARE	GA	501(C) (3)	7	N/A		✓
(2) GRADY HEALTH RESOURCES INC (47-2922502) 80 JESSE HILL DRIVE SE, ATLANTA, GA 30303	NMTC	GA	501 (C) (2)	NA	GMHC	✓	
(3) GRADY WIC INC (82-1799159) 80 JESSE HILL JR DR SE, ATLANTA, GA 30303	NMTC	GA	501 (C) (2)	NA	GMHC	✓	
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1).....												
(2).....												
(3).....												
(4).....												
(5).....												
(6).....												
(7).....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) RELIANT EMERGENCY SPECIALTIES (47-139785 745 MEMORIAL DR SE, ATLANTA, GA 30316	AUTO REPAIR & MAINTENANCE	GA	GMHC	C	-487,302	357,387	100%		✓
(2).....									
(3).....									
(4).....									
(5).....									
(6).....									
(7).....									

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

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

- 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)

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	Yes	No
(1)	HENRY W GRADY HEALTH SYSTEM FOUNDATION	c	27,951,689	FMV		✓
(2)	HENRY W GRADY HEALTH SYSTEM FOUNDATION	m	2,392,811	FMV		✓
(3)	RELIANT EMERGENCY SPECIALTIES	d	2,368,366	FMV		✓
(4)	RELIANT EMERGENCY SPECIALTIES	o	61,525	FMV		✓
(5)	GRADY HEALTH RESOURCES INC	j	1,355,656	FMV		✓
(6)	(Continued on Schedule R, Part VII, Statement 1)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1).....													
(2).....													
(3).....													
(4).....													
(5).....													
(6).....													
(7).....													
(8).....													
(9).....													
(10).....													
(11).....													
(12).....													
(13).....													
(14).....													
(15).....													
(16).....													

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Schedule R, Part VII, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

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Part V, Line 2

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	GRADY HEALTH RESOURCES INC	595,472
Transaction type	k	
Method of determining amt. involved	FMV	
Name	GRADY WIC INC	711,500
Transaction type	j	
Method of determining amt. involved	FMV	
Name	GRADY WIC INC	464,000
Transaction type	k	
Method of determining amt. involved	FMV	