

****PUBLIC INSPECTION COPY****

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **01/01/2021** and ending **12/31/2021**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **GRADY MEMORIAL HOSPITAL CORPORATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
80 JESSE HILL JUNIOR DRIVE SE
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30303
F Name and address of principal officer: **JOHN M HAUPERT PRESIDENT AND CEO**
80 JESSE HILL JUNIOR DRIVE SE, ATLANTA, GA 30303

D Employer identification number
26-2037695
E Telephone number
404-616-1846
G Gross receipts \$ **2,143,247,710**

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

J Website: ▶ **WWW.GRADYHEALTH.ORG**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
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

Activities & Governance	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 1)</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 2021 (Part V, line 2a)	5	9,106
	6	Total number of volunteers (estimate if necessary)	6	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 174,712,198	Current Year 173,908,740
	9	Program service revenue (Part VIII, line 2g)	1,840,095,642	1,825,436,527
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,322,465	1,599,659
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	233,627,204	142,210,399
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,249,757,509	2,143,155,325
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,725,352	16,767,283
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	610,452,107	665,203,437
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,489,742,070	1,340,200,024
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,113,919,529	2,022,170,744	
19	Revenue less expenses. Subtract line 18 from line 12	135,837,980	120,984,581	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,235,998,165	End of Year 1,383,912,597
	21	Total liabilities (Part X, line 26)	370,787,434	378,289,150
	22	Net assets or fund balances. Subtract line 21 from line 20	865,210,731	1,005,623,447

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 ▶ ****FILED ELECTRONICALLY**** **11/14/2022**
 Signature of officer Date
 ▶ **ANTHONY SAUL, CFO**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **Whitney B Hebron** Preparer's signature ****FILED ELECTRONICALLY**** Date **11/14/2022** Check if self-employed PTIN **P01226647**
 Firm's name ▶ **KPMG LLP** Firm's EIN ▶ **13-5565207**
 Firm's address ▶ **303 Peachtree St NE Suite 2000, Atlanta, GA 30308** Phone no. **404-739-5994**

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** (2021)

****PUBLIC INSPECTION COPY****

From: [990 Online Tech Support](#)
To: [Hebron, Whitney](#)
Subject: [EXTERNAL] Form 990 E-filing Receipt - IRS Status: Accepted
Date: Monday, November 14, 2022 4:18:57 PM

Organization: GRADY MEMORIAL HOSPITAL CORPORATION
EIN: 26-2037695
Return Type: Form 990
Return Year: 2021
Submission ID: 8600762022318cc69788
Return Timestamp: 11/14/2022 4:16:29 PM
Accepted Date: 11/14/2022

Thank you for using the 990 Online system for preparing and electronically filing your Form 990 return. This email contains some important identifying information about the return we transmitted. You may want to keep this email in case you need to contact the IRS regarding your return.

The return described above was transmitted to the IRS. The IRS has ACCEPTED the return. Congratulations.

NOTE: The IRS does NOT reject returns for being late. If this return was transmitted to the IRS after the due date, and your organization has not filed a Form 8868 (Request for Extension), you may receive a letter from the IRS indicating whether your organization owes any penalties or other fees.

Please visit https://urldefense.com/v3/_http://efile.form990.org_!!N8Xdb1VRTUMIZe!mWju21EdwgaY3lQ8HXzTJZLDHpXODHUGpAltDiWdCxWOBW0J5GVCx-o2EhNEkcZywCKdPLmLtXQEGv_XS to stay informed of enhancements to our e-filing systems.

Once again, thank you for using the 990 Online system.

[https://urldefense.com/v3/_http://efile.form990.org_!!N8Xdb1VRTUMIZe!mWju21EdwgaY3lQ8HXzTJZLDHpXODHUGpAltDiWdCxWOBW0J5GVCx-o2EhNEkcZywCKdPLmLtXz9VYhu\\$](https://urldefense.com/v3/_http://efile.form990.org_!!N8Xdb1VRTUMIZe!mWju21EdwgaY3lQ8HXzTJZLDHpXODHUGpAltDiWdCxWOBW0J5GVCx-o2EhNEkcZywCKdPLmLtXz9VYhu$) technical support
Phone: 888-666-1773 (toll free)
email: Support@Form990.org

CAUTION: This email originated from outside KPMG. Do not click links, open attachments or forward unless you recognize the sender, the sender's email domain and you know the content is safe. Please report suspicious emails using the "Report Suspicious" button at the top right corner of the email in Outlook or forward as an attachment to US-KPMG SPAM Collection Mailbox (spam@KPMG.com).

****PUBLIC INSPECTION COPY****

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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 JR DR 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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

GINA SMITH, VP, FISCAL SERVICES/CONTROLLER

• The books are in the care of ► **80 JESSE HILL JUNIOR DRIVE SE - ATLANTA, GA 30303**

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) _____. 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 **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year **2021** or
 ► tax year beginning _____, and ending _____.

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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	\$	0.
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	\$	0.

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

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

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 2)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 535,551,238 including grants of \$) (Revenue \$ 320,356,286)

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 2021, GRADY PROVIDED CARE TO MORE THAN 114,225 UNDER AND UNINSURED PATIENTS WHICH REPRESENT APPROXIMATELY 59% OF ITS TOTAL PATIENTS WITH ABOUT 460,287 PATIENT ENCOUNTERS, COSTING APPROXIMATELY \$ 536M. GRADY
(Continued on Schedule O, Statement 3)

4b (Code:) (Expenses \$ 120,869,103 including grants of \$ 16,767,283) (Revenue \$ 68,306,004)

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 2021 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 \$121M IN SUPPORT RELATIVE TO TEACHING SERVICES. IN 2021, REIMBURSEMENT FOR TEACHING SERVICES FROM MEDICARE, MEDICAID AND OTHER GOVERNMENTAL FUNDS TOTALED \$ 68M.

4c (Code:) (Expenses \$ 109,608,452 including grants of \$) (Revenue \$ 136,458,121)

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 11,000 ACUTE TRAUMA CASES IN 2021. 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 111,592 EMERGENCY CASES IN 2021. THE EMERGENCY ROOM WAS THE INTAKE POINT FOR 22,000 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, ALBANY, BALDWIN, BEN HILL, BROOKS, COOK, DECATUR, HANCOCK, MCINTOSH, MITCHELL, SEMINOLE, AND WORTH COUNTIES IN GEORGIA. THE GRADY EMS TEAM OF OVER 1350 EMS PROFESSIONALS HANDLE MORE THAN 246,000 CALLS
(Continued on Schedule O, Statement 4)

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 5
(Expenses \$ 941,346,553 including grants of \$ 0) (Revenue \$ 1,442,632,525)

4e Total program service expenses **▶** 1,707,375,346

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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>		✓
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>	✓	
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		✓
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>		✓
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>		✓
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>		✓
28 Was the organization a party to a business transaction with one of the following parties (see the 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>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	9106		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on 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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c			
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
15a			
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
15b			
	If "Yes" to line 15a or 15b, describe the process on 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?		<input checked="" type="checkbox"/>
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 ►

GINA SMITH VP FISCAL SVC CONTROLLER, (404)616-7355

50 HURT PLAZA, SUITE 1300, ATLANTA, GA 30303

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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 0.00			✓			4,043,310	0	36,366	
TIMOTHY JEFFERSON EXEC VP / GENERAL COUNSEL	40.00 0.00				✓		1,243,414	0	46,451	
RICHARD RHINE EXEC VP / CFO	40.00 0.00			✓			1,183,164	0	14,731	
ROBERT JANSEN EXEC VP / CMO	40.00 0.00				✓		1,111,921	0	34,583	
JACQUELINE HERD EXEC VP / CNO	40.00 0.00				✓		1,094,778	0	21,289	
SAMUAL TODD SVP/CHIEF ACUTE CARE	40.00 0.00					✓	957,350	0	19,090	
LINDSAY CAULFIELD SVP/CHF EXPERIENCE OFFICER	40.00 0.00					✓	746,109	0	15,759	
BENJAMIN MCKEEBY SVP / CIO	40.00 0.00					✓	718,469	0	32,487	
MICHELLE WALLACE SVP CHIEF CLINICAL OFFICER	40.00 0.00					✓	687,503	0	8,214	
RICHARD ROCHE EXEC VP/CHIEF PEOPLE OFFICER	40.00 0.00					✓	648,786	0	23,926	
MARY SALE SVP / CHIEF STRATEGY OFFICER	40.00 0.00					✓	642,137	0	11,900	
ANTHONY SAUL EXEC VP / CFO	40.00 0.00					✓	535,688	0	29,843	
LARRY GELLERSTEDT CHAIRMAN	5.00 0.00	✓		✓			0	0	0	
SHARON BENT-HARLEY MD DIRECTOR	2.00 0.00	✓					0	0	0	

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) <u>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</u>	(E) <u>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</u>	(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			
PEDRO CHERRY ----- 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
SHAN COOPER ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
JOHN GREGG ----- 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
SAM JOHNSON ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
ROBERT SHEFT ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
DAVID P STOCKERT ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
VIKAS P SUKHATME MD ScD ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
BERNIE TOKARZ ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
CAROL B TOME ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0
ADRIAN TYNDALL ----- DIRECTOR	2.00 ----- 0.00	✓						0	0	0

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
DREW EVANS ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
ERIC THOMAS ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
KATHRYN FLOWERS-GLASCO ----- DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal								13,612,629	0	294,639
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								13,612,629	0	294,639

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 **▶** **1405**

	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>	<input type="checkbox"/>	<input checked="" 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>	<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>	<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
See Schedule O, Statement 6		

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 **▶** **110**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	55,434,953			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	118,473,787			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 42,773,876			
	h	Total. Add lines 1a-1f		173,908,740			
	Program Service Revenue			Business Code			
2a		<u>Patient Care</u>	900099	1,825,436,527	1,825,436,527	0	
b							
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		1,825,436,527				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,493,649		1,493,649	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	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		198,395		
			7a				
			7b		92,385		
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c	0	106,010			
d	Net gain or (loss)		106,010	106,010			
8a	Gross income from fundraising events (not including \$ 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					
		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			Business Code				
	11a	<u>Insurance Proceeds</u>	900099	87,704,181	87,704,181	0	
	b	<u>Cares Funding</u>	900099	30,093,065	30,093,065	0	
	c	<u>Income-City Of Atl-Water</u>	900099	5,632,836	5,632,836	0	
	d	All other revenue		18,780,317	18,780,317	0	
e	Total. Add lines 11a-11d		142,210,399				
12	Total revenue. See instructions		2,143,155,325	1,967,752,936	0	1,493,649	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,767,283	16,767,283		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9,455,426	1,596,076	7,859,350	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	539,858,504	400,952,911	138,905,593	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,135,908	14,212,239	4,923,669	0
9	Other employee benefits	60,078,585	44,620,365	15,458,220	0
10	Payroll taxes	36,675,014	27,238,533	9,436,481	0
11	Fees for services (nonemployees):				
a	Management	7,192,403	4,052,200	3,140,203	0
b	Legal	1,066,182	600,687	465,495	0
c	Accounting	598,552	337,224	261,328	0
d	Lobbying	933,382	0	933,382	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	318,908,650	262,794,198	56,114,452	0
12	Advertising and promotion	2,325,548	1,310,214	1,015,334	0
13	Office expenses	19,524,589	11,000,153	8,524,436	0
14	Information technology	23,142,881	13,038,699	10,104,182	0
15	Royalties	0	0	0	0
16	Occupancy	17,057,698	9,610,307	7,447,391	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,206,495	679,739	526,756	0
20	Interest	1,301,615	733,330	568,285	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	70,515,010	48,204,061	22,310,949	0
23	Insurance	28,272,322	15,928,626	12,343,696	0
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>Bad Debt</u>	549,072,344	549,072,344	0	0
b	<u>Drugs</u>	154,079,958	154,079,958	0	0
c	<u>Medical Supplies</u>	111,891,548	111,891,548	0	0
d	<u>Maintenance Materials, Medical Equip Leases, Tax</u>	33,110,847	18,654,651	14,456,196	
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	2,022,170,744	1,707,375,346	314,795,398	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)				

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	264,897,509	1	118,648,928
	2 Savings and temporary cash investments	0	2	112,055,867
	3 Pledges and grants receivable, net	52,512,541	3	49,323,261
	4 Accounts receivable, net	168,302,135	4	182,422,319
	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	0	5	0
	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	29,001,723	8	28,882,877
	9 Prepaid expenses and deferred charges	18,492,110	9	15,505,882
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,080,868,705		
	b Less: accumulated depreciation	10b 636,265,620	10c	444,603,085
	11 Investments—publicly traded securities	0	11	80,627,080
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	270,403,078	15	351,843,298
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,235,998,165	16	1,383,912,597	
Liabilities	17 Accounts payable and accrued expenses	225,849,252	17	278,795,375
	18 Grants payable	0	18	0
	19 Deferred revenue	34,279,431	19	13,160,749
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	61,904,509	23	30,553,684
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	48,754,242	25	55,779,342
	26 Total liabilities. Add lines 17 through 25	370,787,434	26	378,289,150
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	802,188,840	27	944,287,984
	28 Net assets with donor restrictions	63,021,891	28	61,335,463
	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	865,210,731	32	1,005,623,447	
33 Total liabilities and net assets/fund balances	1,235,998,165	33	1,383,912,597	

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	2,143,155,325
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,022,170,744
3 Revenue less expenses. Subtract line 2 from line 1	3	120,984,581
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	865,210,731
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	0
9 Other changes in net assets or fund balances (explain on Schedule O)	9	19,428,135
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,005,623,447

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 on 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	✓	

****PUBLIC INSPECTION COPY****

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

Public Charity Status and Public Support

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
--	---

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).)
- 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 on 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						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	101,216,345	108,970,741	113,400,427	119,277,245	118,473,787	561,338,545
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	55,434,953	55,434,953	55,434,957	55,434,953	55,434,953	277,174,769
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	156,651,298	164,405,694	168,835,384	174,712,198	173,908,740	838,513,314
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						838,513,314

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	156,651,298	164,405,694	168,835,384	174,712,198	173,908,740	838,513,314
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,391,453	2,794,981	3,873,054	1,177,412	1,493,649	10,730,549
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,406,190	11,937,662	12,804,197	13,054,160	11,764,946	59,967,155
11 Total support. Add lines 7 through 10						909,211,018
12 Gross receipts from related activities, etc. (see instructions)					12	8,312,627,204
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.22 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.34 %
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
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 line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	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? 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.		
	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)? 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).		
	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
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? 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.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

****PUBLIC INSPECTION COPY****

Political Campaign and Lobbying Activities

SCHEDULE C
(Form 990 or 990-EZ)

OMB No. 1545-0047

2021

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.**

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
--	---

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)				

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 align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

****PUBLIC INSPECTION COPY****

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?	✓		912,542
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		20,840
i Other activities?		✓	
j Total. Add lines 1c through 1i			933,382
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 MEMBER OF GEORGIA HOSPITAL ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION AND AMERICA'S ESSENTIAL HOSPITAL ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number

GRADY MEMORIAL HOSPITAL CORPORATION

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.	
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	▶ \$

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,810,951		3,810,951
b Buildings	0	484,223,442	250,202,427	234,021,015
c Leasehold improvements	0	44,944,585	0	44,944,585
d Equipment	0	508,687,074	384,185,141	124,501,933
e Other	0	39,202,653	1,878,052	37,324,601
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				444,603,085

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 Affiliates	223,728,104
(2) NMTC Notes Receivable	62,126,497
(3) Permanent Endowment	29,299,514
(4) Other Receivables	22,919,042
(5) Investments & Assets Limited as to Use	10,024,488
(6) Other Assets	2,143,346
(7) Investments In HSOC	1,455,242
(8) Goodwill	147,065
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	351,843,298

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	1,078,922
(3) Self Insured Liabilities	41,400,782
(4) Other Reserves	13,299,638
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	55,779,342

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 .

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

**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
---	--

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 <i>free care</i> ? 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 <i>discounted care</i> ? 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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			187,632,927	87,766,633	99,866,294	6.77%
b Medicaid (from Worksheet 3, column a)			278,773,468	262,087,568	16,685,900	1.13%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs	0	0	466,406,395	349,854,201	116,552,194	7.9%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			19,085,309	9,532,509	9,552,800	0.65%
f Health professions education (from Worksheet 5)			129,578,429	31,217,807	98,360,622	6.67%
g Subsidized health services (from Worksheet 6)			90,446,906	9,332,408	81,114,498	5.5%
h Research (from Worksheet 7)			1,662,172	807,293	854,879	0.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	0	0	240,772,816	50,890,017	189,882,799	12.88%
k Total. Add lines 7d and 7j	0	0	707,179,211	400,744,218	306,434,993	20.78%

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

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 Yes No
- 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 **93,260,281**
- 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 **125,585,895**
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 **99,114,524**
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 **26,471,371**
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? 9a Yes No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI 9b Yes No

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										

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?		✓
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		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> 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	✓	
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	✓	
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	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.gradyhealth.org/about-us/community-benefit/</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	✓	
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?	✓	
a	If "Yes," (list url): <u>https://www.gradyhealth.org/about-us/community-benefit/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		✓
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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? \$		

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 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?	✓	
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 type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group 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?	✓	
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:		
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?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Facility: 1-GRADY MEMORIAL 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.		
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?	23	✓
If "Yes," explain in Section C.			
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?	24	✓
If "Yes," explain in Section C.			

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?		✓
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		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> 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	✓	
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	✓	
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	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.gradyhealth.org/about-us/community-benefit/</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	✓	
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?	✓	
10a	If "Yes," (list url): <u>https://www.gradyhealth.org/about-us/community-benefit/</u>		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		✓
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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? \$		

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:	✓	
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?	✓	
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</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 type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group 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?	✓	
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:			
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?	✓	
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)		

****PUBLIC INSPECTION COPY****

Schedule H (Form 990) 2021

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.		
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?	23	✓
	If "Yes," explain in Section C.		
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?	24	✓
	If "Yes," explain in Section C.		

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 REPRESENTIVES 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 CARE 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 CARE 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 2021, which addressed the CHNA priorities: 1. IMPROVE COORDINATION OF CARE FOR GRADY PATIENTS WITH DIABETES, HYPERTENSION, PROSTATE CANCER, HIV/AIDS AND BEHAVIORAL HEALTH CONDITIONS. Since launching in 2020, Grady's Trauma Recovery Center (TRC) has provided behavioral health counseling and wrap around services to more than 50 patients who are survivors of violent crime. Grady TRC provides trauma-informed clinical case management, psychotherapy, crisis intervention, medication management, and legal advocacy at no cost to survivors and secondary victims of physical assault, firearm violence, domestic violence, human trafficking, and sexual assault. In 2021, the TRC team moved into its own clinical space, hired additional providers, and collaborated with many Grady departments to train staff on how to identify and refer eligible patients. Grady's orthopedic surgeons are leading the way in developing a new position in health care to provide trauma-informed care and comprehensive pain management focused on physical and mental wellness. Life Care Specialists (LCS), a critical part of Grady's ortho-trauma team, are helping to prevent opioid dependence. LCSs attend patient appointments for up to a year to assess the need for resources and pain management strategies. Based on the individual patient needs, the LCS will provide a variety of support from education to referrals and care coordination to training on evidence-based nonpharmaceutical pain management techniques. Grady completed a pilot study in 2020 and began a randomized control trial with more than 200 patients in 2021. Grady's Ponce de Leon Center specializes in comprehensive care of patients with HIV. To better support African American women with HIV who have multiple

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

co-morbidities, have missed appointments, and are having difficulties sustaining viral suppression. Ponce launched the Black Women First Initiative. This two-part bundled intervention is comprised of patient navigation and self-efficacy. The program leverages a mobile app to foster increased patient engagement in the care plan and a Patient Navigator to support the patient. The Navigator orients the patient on the app, provides structured education sessions, interacts with patients through messaging on the app, helps schedule appointments, and acts as a liaison between the patient and the entire care team. The app also offers an opportunity for enrolled participants to interact and uplift each other and learn about resources for employment and housing support. By the end of 2021, Ponce had enrolled 43 patients. All were reporting a high level of medication adherence and reduced viral load, and 25 had achieved viral suppression. 2. INCREASE OPPORTUNITIES FOR ALL GEORGIANS, WITH A FOCUS ON PERSONS SERVED BY GRADY HEALTH SYSTEM, TO ACCESS HEALTHCARE. In 2021, Grady worked diligently to support the community and our patient population in understanding the benefits of obtaining the COVID-19 vaccine and improving access to the vaccine. Overall, Grady administered over 41,000 COVID-19 vaccines to patients and community members in 2021. Grady employed COVID-19 navigators to conduct outreach campaigns with patients and host community events. The navigators were able to connect with over 10,000 patients via text and phone calls to share information about vaccine availability, schedule appointments and transportation, and answer questions. Vaccines were also available in all clinics, in the Emergency Department and a temporary clinic built out in the hospital lobby. During this pandemic, MIH expanded its services to care for Grady patients, employees, and community members impacted by COVID. Through collaboration with Population Health and Strategy, MIH's impact extended into the community. Twenty onsite vaccine events were held at senior living facilities (Berean Village, Heritage Station) and local organizations (MARTA, Focused Community Strategies, and Sheltering Arms) where over 900 vaccines were administered to both residents and employees. The emergency use authorization of monoclonal antibody (MAB) in the outpatient setting created additional opportunity for MIH provide COVID-related treatment in the home for both Grady patients and employees. Close to 150 patients received MAB treatment in the home. Additionally, an initiative launched in 2020 to contact seniors at high risk of COVID in grew substantially in 2021. Medical students from Emory University and Morehouse Schools of Medicine contacted 2,200 patients in 2021. They provided phone-based health and safety education, social support, and resource connection. With in-person services still limited in 2021, Grady's financial services and many of the benefits screening initiatives continued to be offered primarily via telephone support. In 2021, Grady completed Medicaid enrollment for an estimated 2,235 patients. Grady also continued referring patients to the Atlanta Community Food Bank and Wholesome Wave Georgia for assistance with SNAP enrollment. 3. INCREASE PATIENT AND COMMUNITY ENGAGEMENT IN HEALTHY BEHAVIORS TO PREVENT DIABETES, HYPERTENSION, HIV, UNINTENTIONAL INJURIES, AND HOMICIDE. With Atlanta at the center of the HIV epidemic, Grady continues to provide critical access to HIV pre-exposure prophylaxis (PrEP) and sexual health services to prevent HIV. In 2021, Grady's PrEP program achieved notable growth and quality improvement leading to greater impact. Streamlined processes improved both medication refills and net margin. Updated and expanded web and social media marketing efforts contributed to volume growth. In 2021, the PrEP program was awarded the Emory at Grady Community Impact Award and received new grant funding from the Emory Medical Care Foundation. After many cancer screenings were delayed during the first year of the COVID pandemic, Grady prioritized getting our community back up to date on these critical preventive care services. Through an American Cancer Society and NFL Crucial Catch grant, Grady took a multi-pronged approach to increasing access to breast cancer screenings. In 2021 screening efforts resulted in included, 11,375 screening mammograms, 2,680 orders for diagnostic imaging, and 115 breast cancer diagnoses. Overall, these efforts resulted in a 42% improvement in breast cancer screening compliance, increasing from 31% of patients being up to date to 44% by December 2021. Crucial Catch grant funds were used to cover the cost of screening procedures, as well as support enhanced patient engagement efforts including patient navigators and transportation support. Navigators sent more than 11,000 reminders, assisted with rescheduling, and provided patient education. The Cancer Center also held six virtual education events with community partners and one internal event educating other Grady providers on the breast cancer screening referral process. Grady also expanded Saturday screening events to specifically target patients that had gone over one year without a screening. Between June and September, nearly 100 patients were screened at these events. Grady received a second American Cancer Society and NFL Crucial Catch grant to increase access to lung cancer screening. Similar comprehensive patient engagement efforts were implemented throughout 2021 to identify high risk patients and connect them to low-dose CT screenings. Patient Navigators made reminder calls, scheduled appointments, educated patients, and provided transportation support when needed. Several Cancer Center team members also participated in community events to provide education on the risks associated with lung cancer and proper prevention and detection methods. In 2021, Grady's Injury and Violence team engaged community members in various events to promote injury and violence prevention. Grady hosted a Gun Violence Awareness event and participated in Peace Week ATL and Midnight Basketball with the Mayor's Office. Grady experts also did numerous webinars, lectures, and panel discussions for academic institutions and community partners, podcasts and radio shows on the root causes of injury. They also expertise on intimate partner violence and hospital-based solutions in op-eds featured in the AJC and USA Today. Grady's Food as Medicine partnership continued to grow in 2021. By opening up referrals to the Food Pharmacy from Grady's Heart and Vascular clinics and Women's Services, more patients experiencing food insecurity and managing chronic conditions were able to connect to the food prescription program. More than 400 patients were enrolled in the food prescription program and the food pharmacy increased food distribution from 6,500 to 10,000 pounds per month. (Continued on Sch H Part VI Line II)

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

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

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 PROVERTY INCOME LEVEL (FPI) AND HOMELESS WITH 0% FPI QUALIFY FOR FEE CARE UP TO 400% FPL WITH SOME COPAY.

Schedule H, Part V, Section B, Line 13h-HUGHES SPALDING CHILDRENS 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 PROVERTY INCOME LEVEL (FPI) AND HOMELESS WITH 0% FPI QUALIFY FOR FEE CARE UP TO 400% FPL WITH SOME COPAY.

Schedule H, Part V, Section B, Line 15e-GRADY MEMORIAL HOSPITAL - THE FINANCIAL COUNSELORS WILL ADVISE ELGIBILE 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 PREFER 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 16a-GRADY MEMORIAL HOSPITAL - FAP POLICY IS ON THE INTERNET AT [HHPS://WWW.GRADYHEALTH.ORG/BILLING-INSURANCE/financial-assistance-program](https://www.gradyhealth.org/billing-insurance/financial-assistance-program)

Schedule H, Part V, Section B, Line 16b-GRADY MEMORIAL HOSPITAL - FAP APPLICATION IS ON THE INTERNET AT [HTTPS://WWW.GRADYHEALTH.ORG/WP-CONTENT/UPLOADS/FAP-APPLICATION.PDF](https://www.gradyhealth.org/wp-content/uploads/fap-application.pdf)

Schedule H, Part V, Section B, Line 16c-GRADY MEMORIAL HOSPITAL - 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 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 - THIS PROCESS WAS 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 20b-HUGHES SPALDING CHILDRENS HOSPITAL - THIS PROCEDURE WAS NOT PART OF THE ELIGIBILITY PROCESS PER #19 ABOVE

Schedule H, Part V, Section B, Line 20c-GRADY MEMORIAL HOSPITAL - THIS PROCEDURE WAS NOT PART OF 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 WAS NOT PERFORMED

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 (FPF) 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 - 2021 COMMUNITY BENEFIT REPORT WAS NOT DUE FOR RESUBMISSION IN 2021, BUT WAS UPDATED IN 2021.

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 2021 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 STERRING COMMITTEE FOR ONGOING LEADERSHIP AND CONNECTIVITIY TO HEALTH IMPROVEMENT INITIATIVES, AND HAS SIGNED THE ARCHI MEMEBERSHIP 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 UNISURED THAT DO NOT APPLY AND/OR QUALIFY FOR CHARITY CARE ASSISTANCE. GMHC INCURRED BAD DEBT EXPENSE OF APPROXIMATELY \$549M 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 \$93M IN 2021

Schedule H, Part III, Section B, Line 8 - EXPENSES ARE REPORTED FROM THE MEDICARE COST REPORT CMS-2552-86 FOR THE YEAR ENDED 12/31/21

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 COLLECITON 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 INITITIVE, ATLANTA BELTLINE PARTNERSHIP, GEORGIA STATE DEPARTMENT OF PUBLIC HEALTH, ATLANTA REGIONAL COMMISSION, UNITED WAY, MERCY CARE, AND THE ATLANTA REGIONAL COMMUNITY FOOD BANK. CONTINUATION FROM SCH H SEC C LINE 11 : Fresh Food Carts (FFCs) also made healthy eating easier for patients at our neighborhood health centers. That program

Part VI- Supplemental Information (Continued)

distributed more than 356,000 pounds of produce across 47 events with nearly 12,000 patient visits. Finally, Grady provided more than 12,000 home-delivered meals to over 600 patients after discharge from the hospital. In addition to patients experiencing food insecurity, Grady expanded the service to patients admitted with COVID-19. The medically tailored meals purchased through Open Hand support patient health, food access and safety during a critical recovery period.

Schedule H, Part VI, Line 3 - PER STATE REGULATIONS, GMHC PLACES ANNUAL ICTF NOTICES IN THE LOCAL NEWSPAPER AND 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 COUNSEOR 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 ACCORDING TO GRADY'S 2019 CHNA, AFRICAN AMERICANS MAKE UP 54% AND 44% OF THE POPULATION OF DEKALB AND FULTON COUNTIES REPSECTIVELY, 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 - In 2021, Grady participated in a City-wide effort to rapidly rehouse individuals on the housing queue in the City of Atlanta. This collaborative effort led by Partners for HOME included 10 different case management agencies, Open Doors, Project Community Connections Inc. (PCCI), and City of Atlanta. The collaborative housed about 700 clients of the 800 goal in 2021. Three Grady case managers successfully housed 74 households, most of whom were chronically homeless. Grady also employed a Housing Support Navigator to help connect patients experiencing homelessness with various community resources based on the individual's needs. The navigator assists social workers with coordinated entry referrals through the City of Atlanta Continuum of Care's Homeless Management Information System (HMIS), a first for Grady, and a significant improvement in care coordination between the health and homelessness systems. Grady built new skills and capacity to address the housing needs of our patients through this program. In the first 8 months of the program, 323 referrals were reviewed and assessed, 286 patients received resources from the housing support navigator, and 65 patients were connected to a 90-day transitional housing program. Grady's Injury Prevention Team continued to work on the statewide expansion of the Cardiff Model, which allows stakeholders to create local maps of where violence occurs by combining anonymous information about the location and timing of violent events reported at the hospital with existing law enforcement records. This information and predictive analysis are then used to develop public health strategies and environmental approaches to address violence. Since 2020, Grady and the Atlanta-based Cardiff team are surveying hospitals and their community partners to assess readiness to implement Cardiff. The team has also been involved in more than 20 conversations with health systems, police departments, city governments, public health partners, and researchers throughout the country that are beginning to implement or are interested in the Cardiff model.

Schedule H, Part VI, Line 6 - GRADY TRAINS MORE THAN 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

Name of the organization

GRADY MEMORIAL HOSPITAL CORPORATION

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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**

****PUBLIC INSPECTION COPY****

****PUBLIC INSPECTION COPY****

Schedule I, Part IV, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Schedule I (2021)

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	Sch I Stmt 1 MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE ATLANTA, GA 30310	58-1438873	16,767,283	0
IRC code section	501 (C) (3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Schedule I, Part 1, Line 2 - Residency Program Support			

**SCHEDULE J
(Form 990)**

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number

26-2037695

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	✓	
2	✓	
4a	✓	
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7	✓	
8		✓
9		

****PUBLIC INSPECTION COPY****

Part I 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 and/or 1099-NEC 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	1,279,429	676,500	2,087,381	11,600	24,766	4,079,676	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
2	RICHARD RHINE, EXEC VP / CFO	694,844	246,308	242,011	2,908	11,823	1,197,894	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3	TIMOTHY JEFFERSON, EXEC VP / GENERAL COUNSEL	555,079	202,684	485,651	26,948	19,503	1,289,865	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	ROBERT JANSEN, EXEC VP / CMO	681,974	191,852	238,094	11,600	22,983	1,146,503	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5	JACQUELINE HERD, EXEC VP / CNO	481,639	0	613,138	8,579	12,710	1,116,066	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	SAMUAL TODD, SVP/CHIEF ACUTE CARE	749,077	208,273	0	0	19,090	976,440	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
7	BENJAMIN MCKEEBY, SVP / CIO	495,313	132,430	90,726	11,600	20,887	750,956	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
8	LINDSAY CAULFIELD, SVP/CHIEF EXPERIENCE OFFICER	365,301	102,703	278,105	5,208	10,551	761,868	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
9	MARY SALE, SVP / CHIEF STRATEGY OFFICER	449,305	126,198	66,633	8,723	3,177	654,036	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
10	MICHELLE WALLACE, SVP CHIEF CLINICAL OFFICER	371,399	120,958	195,146	5,483	2,731	695,717	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
11	RICHARD ROCHE, EXEC VP/CHIEF PEOPLE OFFICER	497,241	128,315	23,230	11,600	12,326	672,712	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
12	ANTHONY SAUL, EXEC VP / CFO	367,468	154,386	13,835	11,600	18,243	565,532	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13								
	(i)							
	(ii)							
14								
	(i)							
	(ii)							
15								
	(i)							
	(ii)							
16								
	(i)							
	(ii)							

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 2021 GMHC PAID DUES FOR A FEW EXECUTIVES WITH NO PERSONAL USE REPORTED AS TAXABLE INCOME.

Schedule J, Part I, Line 4 - SEVERANCE PAYMENTS IN 2021: Herd, Jacqueline \$595,981 EXECUTIVE STAFF PARTICIPATES IN 457F PLAN AND PAYMENTS ARE MADE TO PARTICIPANTS OF THE HEALTH SYSTEM UNDER THE PROGRAM RULES. SUCH PAYMENTS MADE IN 2021 WERE: John Haupt \$2,061,617 Richard Rhine \$216,011 Timothy Jefferson \$462,225 Robert Jansen \$212,402 Benjamin McKeey \$71,226 Lindsay Caulfield \$252,105 Mary Sale \$47,133 Michelle Wallace \$175,646

Schedule J, Part I, Line 7 - 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.

****PUBLIC INSPECTION COPY****

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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	✓	12	42,773,876	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 V, 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?		✓
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?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
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.		

****PUBLIC INSPECTION COPY****

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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 I, Line 6 - VOLUNTEER PROGRAM SUSPENDED IN MARCH 2020 FOR COVID PRECAUTIONS

Form 990, Part III, Line 1 - 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 PROVIDING CARE TO RESIDENTS OF METRO ATLANTA AND GEORGIA. GRADY LEADS THROUGH CLINICAL EXCELLENCE, INNOVATIVE RESEARCH AND PROGRESSIVE MEDICAL EDUCATION AND TRAINING.

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 2022 THE AUDIT COMMITTEE OF GRADY MEMORIAL HOSPITAL CORPORATION (GMHC) REVIEWED A DRAFT OF THE 2021 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. GMHC IS COMMITTED TO THE BELIEF THAT SOUND BUSINESS PRACTICES START WITH AN ABSOLUTE COMMITMENT FROM EACH EMPLOYEE TO ACT ETHICALLY IN CARRYING OUT GMHC'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 CONFLICT OF INTEREST. GMHC'S CONFLICT OF INTEREST SURVEY IS ADMINISTERED ANNUALLY TO OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER IDENTIFIED PERSONNEL AND AT THE TIME OF APPOINTMENT AND RE-APPOINTMENT 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 BE RESPONSIBLE 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 ARE 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: JOHN M HAUPERT FACHE, VIKAS P. SUKHATME, MD ScD., ADRIAN TYNDALL,

Form 990, Part IX, Line 11g - 158,558,936 Pro Fees 44,298,013 Eligibility, Linen, Dietary, Cleaning 31,823,714 Medical, Lang Svcs 12,951,500 Purchased Svcs 50,075,013 Agency 12,105,622 Maint & Repairs 9,095,852 Collections

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

****PUBLIC INSPECTION COPY****

Schedule O, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2021)

EIN: 26-2037695

Page: 1

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.

****PUBLIC INSPECTION COPY****

Schedule O, Statement 2

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2021)

EIN: 26-2037695

Page: 2

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.

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.

Third Program Service Accomplishments Description

Description

THROUGHTOUT GEORGIA, IN 2021. 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.

****PUBLIC INSPECTION COPY****

Schedule O, Statement 5

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2021)

EIN: 26-2037695

Page: 2

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.	941,346,553		1,442,632,525
Total:		941,346,553	0	1,442,632,525

****PUBLIC INSPECTION COPY****

Schedule O, Statement 6

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Form 990 (2021)

EIN: 26-2037695

Page: 8

Part VII, Section B

Contractor Compensation

Name and address:	Description Of Services	Compensation
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	MEDICAL	111,639,265
SKANSKA-RUSSELL A JOINT VENTURE 389 INTERPACE PARKWAY SUITE 5 PARSIPPANY, NJ 07054	CONSTRUCTION SERVICES	51,564,556
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310	MEDICAL SERVICES	45,964,064
SODEXO INC AND AFFILIATES PO BOX 360170 PITTSBURGH, PA 15251-6170	FOOD AND CLEANING SERVICES	32,981,745
RANDSTAD MAIL STOP 5602 ATLANTA, GA 30348	DRUG SUPPLIER	31,015,782
Total:		273,165,412

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

26-2037695

GRADY MEMORIAL HOSPITAL CORPORATION

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) ONE GRADY LLC (87-2692696) 80 JESSE HILL JUNIOR DRIVE SE, ATLANTA, GA 30303	ADMINISTRATIVE SERVICES	GA	0	0	GRADY MEMORIAL
(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) GRADY CASS INC (85-2828602) 80 JESSE HILL JR DRIVE SE, ATLANTA, GA 30303	NMTC	GA	501 (C) (2)	NA	GMHC	✓	
(5) GRADY PONCE INC (87-3600624) 80 JESSE HILL JR DRIVE SE, ATLANTA, GA 30303	NMTC	GA	501 (c) (2)	NA	GMHC	✓	
(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).....												

****PUBLIC INSPECTION COPY****

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 (47-13978 745 MEMORIAL DR SE, ATLANTA, GA 30316	AUTO REPAIR & MAINTENANCE	GA	GMHC	C	389,708	326,592	100%		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(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
	HENRY W GRADY HEALTH SYSTEM FOUNDATION	c	14,110,656	FMV		
(1)	HENRY W GRADY HEALTH SYSTEM FOUNDATION	m	2,237,646	FMV		
(2)	RELIANT EMERGENCY SPECIALTIES	d	2,237,397	FMV		
(3)	RELIANT EMERGENCY SPECIALTIES	o	54,938	FMV		
(4)	GRADY HEALTH RESOURCES INC	j	1,365,656	FACILITY LEASE CONTRACT		
(5)	(Continued on Schedule R, Part VII, Statement 1)					
(6)						

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-UJBI 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).....													

****PUBLIC INSPECTION COPY****

Schedule R, Part VII, Statement 1

GRADY MEMORIAL HOSPITAL CORPORATION

Form: Schedule R (2021)

EIN: 26-2037695

Page: 3

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	SUBLEASE CONTRACT	
Name	GRADY WIC INC	753,769
Transaction type	j	
Method of determining amt. involved	FACILITY LEASE CONTRACT	
Name	GRADY WIC INC	464,000
Transaction type	k	
Method of determining amt. involved	SUBLEASE CONTRACT	
Name	GRADY CASS INC	4,615,680
Transaction type	j	
Method of determining amt. involved	FACILITY LEASE CONTRACT	