

Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](#) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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 JR DRIVE SE  
ATLANTA,GA 30303

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 ▶

D Employer identification number  
26-2037695

E Telephone number  
(404) 616-1846

G Gross receipts \$ 2,249,810,321

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

J Website: ▶ WWW.GRADYHEALTH.ORG

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:  
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.

2 Check this box ☐ 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 2020 (Part V, line 2a)	5	9,016
6 Total number of volunteers (estimate if necessary)	6	233
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	168,835,384	174,712,198
9 Program service revenue (Part VIII, line 2g)	1,835,997,046	1,840,095,642
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	3,956,602	1,322,465
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,300,443	233,627,204
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,032,089,475	2,249,757,509

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	12,020,196	13,725,352
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)	581,323,239	610,452,107
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)	1,408,971,142	1,489,742,070
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,002,314,577	2,113,919,529
19 Revenue less expenses. Subtract line 18 from line 12	29,774,898	135,837,980

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,004,315,025	1,235,998,165
21 Total liabilities (Part X, line 26)	290,432,158	370,787,434
22 Net assets or fund balances. Subtract line 21 from line 20	713,882,867	865,210,731

Part II Signature Block

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

Sign Here

Signature of officer

2021-11-12  
Date

ANTHONY SAUL CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-11-11	Check <input type="checkbox"/> if self-employed	PTIN P01226647
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5665207	
Firm's address ▶ 303 PEACHTREE ST NE STE 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 (2020)

Part III

Statement of Program Service Accomplishments

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

☐

1 Briefly describe the organization’s mission:

GRADY HEALTH SYSTEM IMPROVES THE HEALTH OF THE COMMUNITY BY PROVIDING QUALITY, COMPREHENSIVE HEALTHCARE IN A COMPASSIONATE, CULTURALLY COMPETENT, ETHICAL, AND FISCALLY RESPONSIBLE MANNER. GRADY MAINTAINS ITS COMMITMENT TO THE UNDERSERVED OF FULTON AND DEKALB COUNTIES WHILE ALSO PROVIDING CARE TO RESIDENTS OF METRO ATLANTA AND GEORGIA. GRADY LEADS THROUGH CLINICAL EXCELLENCE, INNOVATIVE RESEARCH AND PROGRESSIVE MEDICAL EDUCATION AND TRAINING.

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 \$ 571,814,480 including grants of \$ ) (Revenue \$ 292,393,021 )

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 2020, GRADY PROVIDED CARE TO MORE THAN 105,866 UNDER AND UNINSURED PATIENTS WHICH REPRESENT APPROXIMATELY 62% OF ITS TOTAL PATIENTS WITH ABOUT 438,060 PATIENT ENCOUNTERS, COSTING APPROXIMATELY \$ 572M. GRADY 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.

4b (Code: ) (Expenses \$ 121,153,082 including grants of \$ 13,725,352 ) (Revenue \$ 60,084,722 )

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 2020 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 2020, REIMBURSEMENT FOR TEACHING SERVICES FROM MEDICARE, MEDICAID AND OTHER GOVERNMENTAL FUNDS TOTALED \$ 60M.

4c (Code: ) (Expenses \$ 147,330,536 including grants of \$ ) (Revenue \$ 169,134,002 )

4C PROGRAM SERVICE -EMERGENCY AND TRAUMA SERVICES: GRADY OPERATES ONE OF THE BUSIEST EMERGENCY DEPARTMENTS IN THE EASTERN UNITED STATES AND THE COUNTRY'S LARGEST HOSPITAL-BASED AMBULANCE SERVICE. GMHC OPERATES THE LARGEST LEVEL 1 TRAUMA CENTER IN THE ATLANTA METROPOLITAN AREA WHICH HANDLED 5,627 ACUTE TRAUMA CASES IN 2020. 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 2020. THE EMERGENCY ROOM WAS THE INTAKE POINT FOR 21,674 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 245,000 CALLS THROUGHOUT GEORGIA, IN 2020. 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.

(Code: ) (Expenses \$ 986,637,030 including grants of \$ ) (Revenue \$ 1,387,232,563 )

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.








4d Other program services (Describe in Schedule O.)

(Expenses \$ 986,637,030 including grants of \$ 0 ) (Revenue \$ 1,387,232,563 )

4e Total program service expenses ▶ 1,826,935,128

Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> 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? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<b>b</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? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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)?	<b>11f</b> Yes	
<b>12a</b> If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	290
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
<b>2a</b> 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 . . . . .		<b>2a</b>	9,016			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . .</i>				<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				<b>4a</b>		No
<b>b</b> <del>Enter the name of the foreign country: _____</del> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . .</i>				<b>14b</b>		
<b>15</b> 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?				<b>15</b>	Yes	
<b>16</b> If the organization is subject to the section 4968 excise tax on net investment income? . . . . .				<b>16</b>		No
If "Yes," complete Form 4720, Schedule O.						



Part VI

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

☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent.	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a	Yes	
b	Other officers or key employees of the organization.	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
GINA SMITH VP FISCAL SVC CONTROLLER 50 HURT PLAZA SUITE 1300 ATLANTA, GA 30303 (404) 616-7355

Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN M HAUPERT FACHE ..... PRESIDENT AND CEO	40 ..... 0			X				1,764,154	0	32,184
(2) ROBERT JANSEN ..... EXEC VP / CMO	40 ..... 0				X			788,107	0	34,133
(3) RICHARD RHINE ..... EXEC VP / CFO	40 ..... 0			X				782,939	0	23,352
(4) SAMUAL TODD ..... SVP/CHIEF ACUTE CARE	40 ..... 0					X		754,972	0	18,779
(5) TIMOTHY JEFFERSON ..... EXEC VP / GENERAL COUNSEL	40 ..... 0				X			646,774	0	45,194
(6) JACQUELINE HERD ..... EXEC VP / CNO	40 ..... 0				X			651,884	0	31,999
(7) BENJAMIN MCKEEBY ..... SVP / CIO	40 ..... 0				X			546,441	0	30,412
(8) MARTY SCOTT ..... SVP CHIEF QUALITY/PT SAFETY OFFICER	40 ..... 0						X	570,801	0	0
(9) WILLIAM COMPTON ..... SVP EMERG MED SVCS	40 ..... 0					X		548,493	0	18,721
(10) KELLEY CARROLL ..... SVP CHIEF AMBULATORY OFFICER	40 ..... 0				X			516,405	0	31,050
(11) MARY SALE ..... SVP / CHIEF STRATEGY OFFICER	40 ..... 0				X			522,043	0	11,994
(12) RHONDA SCOTT ..... EXEC VP / COO	0 ..... 0						X	485,904	0	3,424
(13) LINDSAY CAULFIELD ..... SVP/CHF EXPERIENCE OFFICER	40 ..... 0				X			421,762	0	15,386
(14) SANDRA JOHNSON ..... VP REVENUE CYCLE	40 ..... 0					X		415,434	0	17,442
(15) MICHELLE WALLACE ..... SVP CHIEF CLINICAL OFFICER	40 ..... 0				X			409,796	0	8,545
(16) WILLIAM HILBURN ..... VP CLINICAL APPLICATIONS	40 ..... 0					X		394,254	0	21,810
(17) LAWRENCE SANDERS ..... SVP UTILIZATION AND CARE MGMT	40 ..... 0					X		392,302	0	22,294

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSELYN BAKER ..... PRESIDENT HWG FOUNDATION	40 .....0				X			366,957	0	15,338
(19) MATHEW HICKS ..... SVP GOVERNMENT RELATIONS	40 .....0				X			349,792	0	20,700
(20) LARRY GELLERSTEDT ..... CHAIRMAN	5.00 .....0	X		X				0	0	0
(21) A D PETE CORRELL ..... DIRECTOR	2 .....0	X						0	0	0
(22) SHARON BENT-HARLEY MD ..... DIRECTOR	2 .....0	X						0	0	0
(23) PEDRO CHERRY ..... DIRECTOR	2 .....0	X						0	0	0
(24) WILLIAM A BORNSTEIN MD ..... DIRECTOR	2 .....0	X						0	0	0
(25) SHAN COOPER ..... DIRECTOR	2 .....0	X						0	0	0
(26) H JAMES DALLAS ..... DIRECTOR	2 .....0	X						0	0	0
(27) JOHN GREGG ..... DIRECTOR	2 .....0	X						0	0	0
(28) EDWARD J HARDIN ..... DIRECTOR	2 .....0	X						0	0	0
(29) JOHN HOLLINS ..... DIRECTOR	2 .....0	X						0	0	0
(30) SAM JOHNSON ..... DIRECTOR	2 .....0	X						0	0	0
(31) VALERIE MONTGOMERY RICE MD ..... DIRECTOR	2 .....0	X						0	0	0
(32) ROBERT SHEFT ..... DIRECTOR	2 .....0	X						0	0	0
(33) DAVID P STOCKERT ..... DIRECTOR	2 .....0	X						0	0	0
(34) VIKAS P SUKHATME MD ScD ..... DIRECTOR	2 .....0	X						0	0	0
(35) BERNIE TOKARZ ..... DIRECTOR	2 .....0	X						0	0	0
(36) CAROL B TOME ..... DIRECTOR	2 .....0	X						0	0	0
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								11,329,214	0	402,757

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,028

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

3

Yes

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .

4

Yes

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person* . . . . .

5

No

Section B. Independent Contractors

1

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



compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
EMORY UNIVERSITY  1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	MEDICAL	156,387,626
MOREHOUSE SCHOOL OF MEDICINE  720 WESTVIEW DRIVE NW ATLANTA, GA 30310	MEDICAL	43,022,329
SODEXO INC AND AFFILIATES  P O BOX 360170 PITTSBURGH, PA 15251	FOOD SERVICES	32,145,933
RANDSTAD  P O BOX 105046 ATLANTA, GA 30348	TEMPORARY EMPLOYEES	19,766,917
NORTH GEORGIA ACUTE  P O BOX 101518 ATLANTA, GA 30392	MEDICAL SERVICES	5,170,248
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 ▶ 9 2		

Form 990 (2020)

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
--	----------------------	--	---	--

Contributions, Gifts, Grants  
and Other Similar Amounts

1a	Federated campaigns . . .	1a	0	
b	Membership dues . . .	1b	0	
c	Fundraising events . . .	1c	0	
d	Related organizations	1d	0	
e	Government grants (contributions)	1e	55,434,953	
f	All other contributions, gifts, grants, and similar amounts not included above	1f	119,277,245	
g	Noncash contributions included in lines 1a - 1f:\$	1g	44,321,891	
h Total. Add lines 1a-1f . . . . .		174,712,198		

Program Service Revenue

2a	patient care	Business Code				
		900099	1,840,095,642	1,840,095,642	0	0
	b					
	c					
	d					
	e					
f All other program service revenue.			0	0	0	0
g Total. Add lines 2a-2f. . . . .		1,840,095,642				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		1,177,412	0		1,177,412
4	Income from investment of tax-exempt bond proceeds		0	0		0
5	Royalties . . . . .		0	0		0
6a	Gross rents	(i) Real	(ii) Personal			
b	Less: rental expenses					
c	Rental income or (loss)		0	0		
d Net rental income or (loss) . . . . .						
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		0	197,865			
b	Less: cost or other basis and sales expenses		0	52,812		
c	Gain or (loss)		0	145,053		
d Net gain or (loss) . . . . .			145,053	145,053	0	0
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
b	Less: direct expenses	8b				
c Net income or (loss) from fundraising events . . . . .						
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
b	Less: direct expenses	9b				
c Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less					

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code			
11a INSURANCE PROCEEDS	900099	137,703,390	137,703,390	0	0
b CARES FUNDING	900099	68,748,666	68,748,666	0	0
c CONTRACTED SVCS- EMS	900099	6,055,518	6,055,518	0	0
d All other revenue . . . . .		21,119,630	21,119,630	0	0
e Total. Add lines 11a-11d . . . . .		233,627,204			
12 Total revenue. See instructions . . . . .		2,249,757,509	2,073,867,899	0	1,177,412

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 . . . . .	13,725,352	13,725,352		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	11,329,214	1,912,371	9,416,843	
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	
7 Other salaries and wages . . . . .	487,343,489	361,950,009	125,393,480	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	16,678,603	12,387,198	4,291,405	
9 Other employee benefits . . . . .	60,443,054	44,891,056	15,551,998	
10 Payroll taxes . . . . .	34,657,747	25,740,309	8,917,438	
11 Fees for services (non-employees):				
a Management . . . . .	8,156,202	4,595,204	3,560,998	
b Legal . . . . .	1,354,194	762,953	591,241	
c Accounting . . . . .	516,170	290,810	225,360	
d Lobbying . . . . .	834,825		834,825	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	331,186,532	285,515,865	45,670,667	
12 Advertising and promotion . . . . .	2,042,486	1,150,737	891,749	
13 Office expenses . . . . .	18,388,537	10,360,102	8,028,435	
14 Information technology . . . . .	20,881,720	11,764,761	9,116,959	
15 Royalties . . . . .				
16 Occupancy . . . . .	16,241,553	9,150,491	7,091,062	
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	1,460,462	822,824	637,638	
20 Interest . . . . .	1,735,435	977,744	757,691	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	66,500,994	45,463,304	21,037,690	
23 Insurance . . . . .	21,661,823	12,204,271	9,457,552	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	745,105,703	745,105,703	0	0
b DRUGS	138,347,103	138,347,103	0	0
c MEDICAL SUPPLIES	79,800,686	79,800,686	0	0
d MEDICAL EQUIPMENT LEASES, TAXES, ETC	35,527,645	20,016,275	15,511,370	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,113,919,529	1,826,935,128	286,984,401	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 IX

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		216,344,986	1	264,897,509	
	2	Savings and temporary cash investments . . . . .		0	2	0	
	3	Pledges and grants receivable, net . . . . .		45,268,962	3	52,512,541	
	4	Accounts receivable, net . . . . .		163,730,463	4	168,302,135	
	5	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 . . . . .		3,645	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 . . . . .		19,951,316	8	29,001,723	
	9	Prepaid expenses and deferred charges . . . . .		12,885,062	9	18,492,110	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	998,550,832			
	b	Less: accumulated depreciation . . . . .	10b	566,161,763	316,030,243	10c	432,389,069
	11	Investments—publicly traded securities . . . . .			11		
	12	Investments—other securities. See Part IV, line 11 . . . . .			12		
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		230,100,348	15	270,403,078	
16	Total assets. Add lines 1 through 15 (must equal line 33) . . . . .		1,004,315,025	16	1,235,998,165		
Liabilities	17	Accounts payable and accrued expenses . . . . .		186,486,837	17	225,849,252	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		5,418,755	19	34,279,431	
	20	Tax-exempt bond liabilities . . . . .			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		33,842,742	23	61,904,509	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		64,683,824	25	48,754,242	
	26	Total liabilities. Add lines 17 through 25 . . . . .		290,432,158	26	370,787,434	
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 . . . . .		629,055,814	27	802,188,840	
	28	Net assets with donor restrictions . . . . .		84,827,053	28	63,021,891	
	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 . . . . .		713,882,867	32	865,210,731	
	33	Total liabilities and net assets/fund balances . . . . .		1,004,315,025	33	1,235,998,165	

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	2,249,757,509
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,113,919,529
3	Revenue less expenses. Subtract line 2 from line 1	3	135,837,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	713,882,867
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 in Schedule O)	9	15,489,884
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	865,210,731

Part XII

Financial Statements and Reporting

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

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



**Additional Data**

**Return to Form**

**Software ID:** 20012124

**Software Version:** v1.00

**Form 990, Special Condition Description:**

**Special Condition Description**

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **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 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	100,085,461	101,216,345	108,970,741	113,400,427	119,277,245	542,950,219
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	55,421,029	55,434,953	55,434,953	55,434,957	55,434,953	277,160,845
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3	155,506,490	156,651,298	164,405,694	168,835,384	174,712,198	820,111,064
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						820,111,064

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .	155,506,490	156,651,298	164,405,694	168,835,384	174,712,198	820,111,064
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	376,449	1,391,453	2,794,981	3,873,054	1,177,412	9,613,349
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	10,244,694	10,406,190	11,937,662	12,804,197	13,054,160	58,446,903
<b>11 Total support.</b> Add lines 7 through 10						888,171,316
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	7,753,232,393

**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** . . . . . ☐

Section C. Computation of Public Support Percentage

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.337 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.743 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒
- b 33 1/3% support test—2019.** 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 . . . . . ☐
- 17a 10%-facts-and-circumstances test—2020.** 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 . . . . . ☐
- b 10%-facts-and-circumstances test—2019.** 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 . . . . . ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Part IIISupport Schedule for Organizations Described in 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	18	
19a 33 1/3% support tests—2020. 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—2019. 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	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>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	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>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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 <b>Part VI</b> 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>		
<b>5a</b>	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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b>.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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 <b>Part VI</b>.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	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>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI		

Section B. Type I Supporting Organizations

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

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).		

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?		
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).		
3	By reason of the relationship described in 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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer 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.			
b	Did the activities described in line 2a 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.			
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.			
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.			



**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

**7**    ☐    Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

<b>Part V</b> Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		(continued)
<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2020</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in <b>Part VI</b></i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10	OTHER INCOME 13,054,160 FROM RENTS AND CONTRACTED SERVICES

## Additional Data

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**Software ID:** 20012124

**Software Version:** v1.00

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2020</b>
Name of the organization GRADY MEMORIAL HOSPITAL CORPORATION		<b>Employer identification number</b> 26-2037695

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Employer identification number**  
26-2037695

## Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)



Name of organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
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**Part II**      **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Name of organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

# Additional Data

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

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

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

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

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

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

Name of the organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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 (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers? .....		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
c	Media advertisements? .....		No	
d	Mailings to members, legislators, or the public? .....		No	
e	Publications, or published or broadcast statements? .....		No	
f	Grants to other organizations for lobbying purposes? .....		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		828,915
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	Yes		5,910
i	Other activities? .....		No	
j	Total. Add lines 1c through 1i .....			834,825
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

## Additional Data

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**Software ID:** 20012124

**Software Version:** v1.00

Name of the organization  
GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number  
26-2037695

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year . . . . .	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year . . . . .	

5

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

☐ Yes ☐ No

6

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

☐ Yes ☐ No

Part II

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

1

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

2

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

	Held at the End of the Year
a	Total number of conservation easements . . . . .
b	Total acreage restricted by conservation easements . . . . .
c	Number of conservation easements on a certified historic structure included in (a) . . . . .
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under 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 are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" 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 . . . . .

b

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

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

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	3,383,319		3,383,319
b Buildings . . . . .	0	424,236,758	207,724,960	216,511,798
c Leasehold improvements	0	44,702,341	0	44,702,341
d Equipment . . . . .	0	419,527,194	356,609,849	62,917,345
e Other . . . . .	0	106,701,220	1,826,954	104,874,266
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				432,389,069

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX

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

(a) Description	(b) Book value
(1)INVESTMENT IN HSOC	1,455,243
(2)OTHER RECEIVABLES	31,841,732
(3)PERMANENT ENDOWMENT	25,303,355
(4)GOODWILL	147,065
(5)NMTC NOTES RECEIVABLE	54,940,497
(6)INVESTMENT IN AFFILIATES	156,715,186
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . .	270,403,078

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	48,754,242

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
Schedule D, Part X, Line 2	- GRADY APPLIES FASB ASC 740, INCOME TAXES (ASC 740), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS. ASC 740 PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS NO IMPACT ON GRADY'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF APPLYING ASC 740.

## Additional Data

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**Software ID:** 20012124

**Software Version:** v1.00

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			139,414,721	78,952,392	60,462,329	4.33 %
b Medicaid (from Worksheet 3, column a) . . . . .			277,057,013	228,900,695	48,156,318	3.45 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .	0	0	416,471,734	307,853,087	108,618,647	7.78 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .			18,812,992	9,298,566	9,514,426	0.68 %
f Health professions education (from Worksheet 5) . . . . .			128,752,191	31,071,007	97,681,184	6.99 %
g Subsidized health services (from Worksheet 6) . . . . .			127,466,107	8,431,825	119,034,282	8.52 %
h Research (from Worksheet 7) . . . . .			1,616,503	777,695	638,808	0.06 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j Total. Other Benefits . . . . .	0	0	276,647,793	49,579,093	226,868,700	16.25 %
k Total. Add lines 7d and 7j . . . . .	0	0	693,119,527	357,432,180	335,487,347	24.03 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing					
2 Economic development					
3 Community support					
4 Environmental improvements					
5 Leadership development and training for community members					
6 Coalition building			40,000		40,000
0 %					
7 Community health improvement advocacy					
8 Workforce development					
9 Other					
10 Total	0	0	40,000	0	40,000
0 %					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	139,416,140	
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	116,880,411	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	94,263,719	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	22,616,692	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV

Management Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest  
—see instructions)

How many hospital facilities did the  
organization operate during the tax year?

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 <a href="https://www.gradyhealth.org">https://www.gradyhealth.org</a>	X	X		X		X	X	
---	--	---	---	--	---	--	---	---	--

2	HUGHES SPALDING CHILDRENS HOSPITAL 45 JESSE HILL JR DRIVE SE ATLANTA, GA 30303 <a href="https://www.gradyhealth.org">https://www.gradyhealth.org</a>			X	X			X	
---	--	--	--	---	---	--	--	---	--




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)  
GRADY MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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?		No
<b>2</b> 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.		No
<b>3</b> 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): <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input checked="" type="checkbox"/> Demographics of the community <b>c</b> <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 <b>d</b> <input checked="" type="checkbox"/> How data was obtained <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <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) <b>j</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 19		
<b>5</b> 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	Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
<b>7</b> 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): <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <a href="https://www.gradyhealth.org">https://www.gradyhealth.org</a> <b>b</b> <input type="checkbox"/> Other website (list url): <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
<b>8</b> 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.	Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <a href="https://www.gradyhealth.org/static/community-benefit-summary/">https://www.gradyhealth.org/static/community-benefit-summary/</a> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
<b>11</b> 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.		
<b>12a</b> 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)?		No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

GRADY MEMORIAL HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 %				
b <input type="checkbox"/> Income level other than the FPG (describe in Section C)				
c <input type="checkbox"/> Asset level				
d <input type="checkbox"/> Medical indigency				
e <input checked="" type="checkbox"/> Insurance status				
f <input checked="" type="checkbox"/> Underinsurance discount				
g <input checked="" type="checkbox"/> Residency				
h <input checked="" type="checkbox"/> Other (describe in Section C)				
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application				
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application				
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process				
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications				
e <input checked="" type="checkbox"/> Other (describe in Section C)				
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO				
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFO				
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO				
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				
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 LEP populations				
j <input checked="" type="checkbox"/> Other (describe in Section C)				

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

**Billing and Collections**

GRADY MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

<b>21</b>	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: . . . . .	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section			
<b>d</b>	<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)**

GRADY MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>22</b> 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.		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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?	<b>23</b>	No
If "Yes," explain in Section C. . . . .		
<b>24</b> 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? . . . . .	<b>24</b>	No
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)  
HUGHES SPALDING CHILDRENS HOSPITAL

Name of hospital facility or letter of facility reporting group

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

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . . .	<b>2</b>	No
<b>3</b> 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): <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input checked="" type="checkbox"/> Demographics of the community <b>c</b> <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 <b>d</b> <input checked="" type="checkbox"/> How data was obtained <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <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) <b>j</b> <input type="checkbox"/> Other (describe in Section C)	<b>3</b>	Yes
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	Yes
<b>7</b> 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): <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.gradyhealth.org/static/community-benefit-summary/</u> <b>b</b> <input type="checkbox"/> Other website (list url): _____ <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>7</b>	Yes
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b> If "Yes" (list url): <u>https://www.gradyhealth.org/static/community-benefit-summary/</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	No
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group		HUGHES SPALDING CHILDRENS HOSPITAL	
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 %			
b <input type="checkbox"/> Income level other than the FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFO			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO			
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			
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 LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

**Billing and Collections**

HUGHES SPALDING CHILDRENS HOSPITAL

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

<b>21</b>	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: . . . . .	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section			
<b>d</b>	<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)**

HUGHES SPALDING CHILDRENS HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>22</b> 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.		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C. . . . .	<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	<b>24</b>	No



Part V

Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5-GRADY MEMORIAL HOSPITAL	GEORGIA STATE UNIVERSITY'S GEORGIA HEALTH POLICY CENTER, WHICH LED THE COLLABORATIVE CHNA PROCESS, INTERVIEWED NEARLY 30 INDIVIDUAL STAKEHOLDERS AND CONDUCTED FOCUS GROUPS AND/OR LISTENING SESSIONS WITH TWO GROUPS OF GRADY PROVIDERS AND NINE GROUPS OF RESIDENTS REPRESENTING FOUR DIFFERENT POPULATIONS. INTERVIEWEES INCLUDED TWO REPRESENTATIVES FROM DEKALB COUNTY BOARD OF HEALTH, PARTNERS FOR HOME, GEORGIA EQUALITY, MERCY CARE HEALTH CENTER FOR THE HOMELESS, KAISER PERMANENTE, CATHOLIC CHARITIES, ATLANTA REGIONAL COMMISSION, UNITED WAY, A VARIETY OF GOVERNMENT OFFICIALS REPRESENTING CITY OF CHAMBLEE, DEKALB COUNTY AND FULTON COUNTY, AMONG OTHERS. FOCUS GROUPS WERE CONDUCTED TO ASSESS THE NEEDS OF FULTON RESIDENTS, DEKALB RESIDENTS, VIETNAMESE SENIORS, LATINOS, CANCER PATIENTS AND PATIENTS WITH BEHAVIORAL HEALTH CONDITIONS.
Schedule H, Part V, Section B, Line 5-HUGHES SPALDING CHILDRENS HOSPITAL	HUGHES SPALDING CHILDRENS HOSPITAL IS MANAGED BY CHILDRENS HEALTHCARE OF ATLANTA.
Schedule H, Part V, Section B, Line 6a-GRADY MEMORIAL HOSPITAL	GRADY'S CHNA WAS CONDUCTED COLLABORATIVELY THROUGH THE ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT (ARCHI). WELLSTAR HOSPITALS PARTICIPATED IN THIS 2019 CHNA PROCESS.
Schedule H, Part V, Section B, Line 6a-HUGHES SPALDING CHILDRENS HOSPITAL	GRADY'S CHNA WAS CONDUCTED COLLABORATIVELY THROUGH THE ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT (ARCHI). WELLSTAR HOSPITALS PARTICIPATED IN THIS 2019 CHNA PROCESS.
Schedule H, Part V, Section B, Line 6b-GRADY MEMORIAL HOSPITAL	MERCY CARE HEALTH CENTER FOR THE HOMELESS AND KAISER PERMANENTE OF GEORGIA ALSO PARTICIPATED IN ARCHI'S COLLABORATIVE CHNA TO INFORM THEIR ORGANIZATION'S COMMUNITY HEALTH PRIORITIES. ADDITIONALLY, MANY OTHER HEALTHCARE, PUBLIC HEALTH, ACADEMIC, NON-PROFIT AND PHILANTHROPIC ORGANIZATIONS ARE MEMBERS OF ARCHI AND HELPED TO FORM THE 2019 CHNA. SOME OF THESE ORGANIZATIONS INCLUDE ATLANTA REGIONAL COMMISSION, UNITED WAY OF GREATER ATLANTA, CARTER CENTER, CENTERS FOR DISEASE CONTROL AND PREVENTION, GEORGIA DEPARTMENT OF PUBLIC HEALTH, AND GEORGIA HEALTH POLICY CENTER, AMONG OTHERS.
Schedule H, Part V, Section B, Line 6b-HUGHES SPALDING CHILDRENS HOSPITAL	- MERCY CARE HEALTH CENTER FOR THE HOMELESS AND KAISER PERMANENTE OF GEORGIA ALSO PARTICIPATED IN ARCHI'S COLLABORATIVE CHNA TO INFORM THEIR ORGANIZATION'S COMMUNITY HEALTH PRIORITIES. ADDITIONALLY, MANY OTHER HEALTHCARE, PUBLIC HEALTH, ACADEMIC, NON-PROFIT AND PHILANTHROPIC ORGANIZATIONS ARE MEMBERS OF ARCHI AND HELPED TO FORM THE 2019 CHNA. SOME OF THESE ORGANIZATIONS INCLUDE ATLANTA REGIONAL COMMISSION, UNITED WAY OF GREATER ATLANTA, CARTER CENTER, CENTERS FOR DISEASE CONTROL AND PREVENTION, GEORGIA DEPARTMENT OF PUBLIC HEALTH, AND GEORGIA HEALTH POLICY CENTER, AMONG OTHERS.
Schedule H, Part V, Section B, Line 11-GRADY MEMORIAL HOSPITAL	Grady's most recent CHNA was conducted in 2019 and our Implementation Strategy (IS) was adopted at the end of 2019. Listed below is an overview of our work in 2020, which addressed the CHNA priorities: 1. IMPROVE COORDINATION OF CARE FOR GRADY PATIENTS WITH DIABETES, HYPERTENSION, PROSTATE CANCER, HIV/AIDS AND BEHAVIORAL HEALTH CONDITIONS. To support those most at risk of COVID-19 and its impact on daily life, Grady mobilized volunteers to support older adults. In collaboration with Emory University and Morehouse School of Medicine, Grady launched a phone-based program for both patients and seniors in the community. Over 50 students participated in training and they contacted 850 Grady patients and 300 seniors in the community across multiple facilities from April 2020 into 2021. These truly meaningful and critical conversations included a wide range of topics including education on COVID-19 prevention, symptom identification, self-care and medical monitoring at home, and medication delivery. Over 500 seniors received community referrals to address health and social needs. A second phase of the program is continuing in 2021. With support from the Greater Atlanta COVID-19 Response and Recovery Fund, Grady quickly expanded the mail order pharmacy program. The pharmacy launched a text and phone campaign to enroll more patients. Approximately 19% of prescriptions were for hypertension medication and another 19% for diabetes medications and supplies, two of Grady's community health priorities. The program expansion also resulted in a lower return to stock rate; decreasing from a monthly average of 12.5% to 5% from May-June 2020, indicating that patients received their medications more often and thus are better able to be compliant with their therapies. In 2020, Grady launched a new initiative to address the impact of violence, the Grady Trauma Recovery Center (TRC). Every year in the US, there are an estimated 5.4 million incidents of violent crime among people 12 and older, and few survivors receive mental health treatment or other forms of support. The TRC is funded through the Georgia Victims of Crime Act to provide trauma-informed clinical case management, psychotherapy, crisis intervention, medication management, legal advocacy, and more at no cost to survivors. The TRC serves survivors and secondary victims of firearm violence, domestic violence, human trafficking, and sexual assault, and works with other Grady programs to ensure patients receive comprehensive care. After the Women's Service's department temporarily lost 32 beds due to a flood, the team partnered with Grady's Mobile Integrated Health (MIH) service to reduce length of stay and provide care at home for postpartum mothers with hypertensive disorders. MIH completed home visits to mothers after discharge, which helped mothers with the transition home, provided critical BP monitoring, and ensured continuity of care until their follow up visit. The new process served about 70 mothers per month in 2020, and reduced LOS by 12.4%. The OB MIH partnership successfully bridged the gap in a crisis, maintained access to care at Grady, and promoted patient safety during the pandemic. Grady will continue to offer this service in the future. 2. INCREASE OPPORTUNITIES FOR ALL GEORGIANS, WITH A FOCUS ON PERSONS SERVED BY GRADY HEALTH SYSTEM, TO ACCESS HEALTHCARE. Access to testing and care for those with COVID-19 was of critical importance to Grady given the disproportion burden of cases and death in the communities Grady serves. Grady launched COVID-19 testing at all primary care locations and even made in-home testing, and later vaccination, available through the Mobile Integrated Health unit performing over 35,000 Polymerase Chain Reaction (PCR) tests in 2020. Grady patients received high touch care following a COVID-19 diagnosis with twice weekly calls if the patient was able to safely be at home and, if additional monitoring was clinically warranted, patients could participate in 24/7 remote patient monitoring. The remote monitoring program began in May 2020. The monitoring kits include a blue tooth enabled pulse ox and blood

**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.

Form and Line Reference	Explanation
	pressure monitor, a tablet with internet connectivity embedded, tablet stand and power cord, and were given to patients and employees with COVID as well as patients with Chronic Heart Failure (CHF). CHF patients also received a scale and they manually entered their weights. Grady used 89 kits for COVID and 12 for CHF in 2020. Among those individuals who received kits, Grady nurses and providers managed 11,335 alerts regarding patient vital signs, messages, etc. to ensure patients had the care they needed at the right time. Grady patients had access to numerous clinical trials and advanced therapies like monoclonal antibody treatment. Additionally, Grady partnered with the State of Georgia to operate the Georgia World Congress Center overflow hospital to ensure all patients could access acute care if needed. With face-to-face interactions limited during COVID, Grady's financial services and many of the benefits screening initiatives transitioned to telephone based support. In 2020, Grady completed Medicaid enrollment for an estimated 3,170 patients. Grady also continued to refer 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. In 2020, Grady's PrEP program, which provides access to HIV pre-exposure prophylaxis (PrEP), sexual health services, and prevent HIV in communities with limited access to care, began accepting community referrals. Since its launch in 2018, the program has received 638 referrals and has started 332 patients on PrEP. Among patients referred, 99% are sexually active, 77% are African American, and 56% are uninsured, demonstrating that the program is reaching those most at risk of HIV. Patients in the program receive HIV testing and counseling, same-day and long term PrEP provision, counseling, lab monitoring, and STI testing and treatment. Since 2017, the Food as Medicine (FAM) partners, Grady, the Atlanta Community Food Bank and Open Hand Atlanta, have been working to address food insecurity and chronic disease at Grady. As the economic impact of the pandemic became clear, the partners understood this meant an even greater urgency to address growing food insecurity. Thus, Grady opened Jesse Hill Market, a food pharmacy, teaching kitchen and healthy café and farmers market on Grady's main hospital campus. By the end of 2020, Grady enrolled 236 patients into the food prescription program. These patients received nearly 20,000 pounds of fresh produce, participated in 40 cooking classes, and completed 186 visits with a dietitian. In addition, more than 100 Grady employees participated in 30 cooking classes. The kitchen also held weekly food demonstrations, and the café and farmers market grew their customer base month over month. At our Brookhaven Neighborhood Health Center, the twice-monthly Fresh Food Cart (FFC) distributing fresh produce to patients more than doubled in the early months of the pandemic. With growing demand and support from donors, Grady expanded the FFC to two additional clinics, the Ponce Center and Asa Yancey Neighborhood Health Center in May 2020. At the 39 FFCs in 2020, we distributed more than 240,000 pounds of food across 10,488 patient visits. All three FFCs will continue in 2021. Grady also continued providing Open Hand's home-delivered, medically-tailored meals after discharge for patients experiencing food insecurity. In 2020, 292 patients received 2,920 meals, and 95% reported the meals helped them follow their doctor's discharge instructions. Grady's Mobile Integrated Health division started a Post Overdose Program (POP) that provides peer support in a home visitation model to opioid overdose survivors. The POP team consists of a Peer Support Specialist, Advanced EMT, and a Nurse Practitioner, they provide therapeutic outreach visits to discuss concerns related to opioid use and strategies to reduce risk of future overdose. In 2020, the program served 49 patients, who received 55 referrals to services including 12-step meetings, residential recovery programs, inpatient treatment centers, and medication for opioid use disorder clinics. The program also distributed 31 Naloxone kits and conducted a SOAR training, focused on substance use disorder, first-responder self-care, and naloxone administration, for law enforcement.
Schedule H, Part V, Section B, Line 11-HUGHES SPALDING CHILDRENS HOSPITAL	INDIRECTLY BENEFITS FROM GMHC PLAN.
Schedule H, Part V, Section B, Line 13h-GRADY MEMORIAL HOSPITAL	- REFER TO THE FINANCIAL ASSISTANCE POLICY (FAP) ATTACHED. FOR PROCESS, DEFINITIONS, AND TIER LEVELS, DISCOUNTED CARE WITH COPAYMENTS FOR PATIENTS WITH VERIFIED INCOME LEVELS OF ANNUAL GROSS FAMILY INCOMES FROM 251% TO 400% OF CURRENT FEDERAL POVERTY INCOME LEVEL(FPI) AND HOMELESS WITH 0% FPI QUALIFY FOR FREE CARE UP TO 400% FPL 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 POVERTY INCOME LEVEL(FPI) AND HOMELESS WITH 0% FPI QUALIFY FOR FREE CARE UP TO 400% FPL WITH A COPAY.
Schedule H, Part V, Section B, Line 15e-GRADY MEMORIAL HOSPITAL	THE FINANCIAL COUNSELORS WILL ADVISE ELIGIBLE PATIENTS VERBALLY AS TO WHERE AND HOW TO APPLY FOR FOOD STAMPS AND DETERMINE IF THEY MEET CRITERIA FOR MEDICAID, SOCIAL WORKERS WILL TYPICALLY PROVIDE INFORMATION REGARDING HOUSING, FOOD STAMPS, AND OTHER SERVICES TO PATIENTS. A FINANCIAL COUNSELOR MAY DETERMINE IF A PATIENT MEETS CRITERIA FOR PRESUMPTIVE MEDICAID, WOMEN'S HEALTH MEDICAID, WOMEN'S MEDICAID WAIVER, CANCER STATE AID, CRIME VICTIMS COMPENSATION PROGRAM, RIGHT FROM THE START MEDICAID FOR NEWBORNS, EMERGENCY MEDICAL ASSISTANCE, MEDICAID FOR UNDOCUMENTED WOMEN WHO DELIVER THEIR NEWBORNS, PRESUMPTIVE MEDICAID, LOW INCOME MEDICAID, ETC. AND COMPLETE THE APPLICATION AS APPROPRIATE. THE FINANCIAL COUNSELOR MAY ALSO REFER A PATIENT TO APPLY FOR MEDICAID WITH THE DEPARTMENT OF FAMILY AND CHILDRENS' SERVICES-GRADY OUTREACH UNIT. GMHC HAS VENDOR PARTNERSHIPS ON CAMPUS WHERE BY REPRESENTATIVES ARE COMPLETING APPLICATIONS FOR ELIGIBLE PATIENTS FOR VARIOUS MEDICAID PROGRAMS SUCH AS THOSE ABOVE, SSI, SSD, ETC.
Schedule H, Part V, Section B, Line 15e-HUGHES SPALDING CHILDRENS HOSPITAL	THE FINANCIAL ASSISTANCE PROGRAM POLICY, APPLICATION AND INSTRUCTIONS ARE PUBLICIZED TO INCLUDE CHILDREN'S HEALTHCARE OF ATLANTA WEBSITE. PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE ELECTRONICALLY VIA EMAIL, MAY APPLY IN PERSON, BY MAIL, OR MAY QUALIFY AT THE POINT OF REGISTRATION THROUGH A PRESUMPTIVE AUTOMATED THIRD PARTY SOFTWARE.
Schedule H, Part V, Section B, Line 16j-GRADY MEMORIAL HOSPITAL	LINE 16a FAP POLICY IS ON THE INTERNET AT <a href="https://www.gradyhealth.org/billing-insurance/financial-assistance-program">HTTPS://WWW.GRADYHEALTH.ORG/BILLING-INSURANCE/financial-assistance-program</a> ---LINE 16b FAP APPLICATION IS ONLINE AT <a href="https://www.gradyhealth.org/wp-content/uploads/fap-application.pdf">https://www.gradyhealth.org/wp-content/uploads/fap-application.pdf</a> ____ LINE 16c FAP PLAIN LANGUAGE SUMMARY CAN BE FOUND ONLINE AT <a href="https://www.gradyhealth.org/financial-assistance-program/">HTTPS://WWW.GRADYHEALTH.ORG/financial-assistance-program/</a>

**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.

Form and Line Reference	Explanation
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 NOT PERFORMED.
Schedule H, Part V, Section B, Line 20b-GRADY MEMORIAL HOSPITAL	THIS PROCEDURE WAS NOT PART OF ELIGIBILITY PROCESS PER #19 ABOVE.
Schedule H, Part V, Section B, Line 20c-GRADY MEMORIAL HOSPITAL	THIS PROCEDURE WAS NOT PART OF THE ELIGIBILITY PROCESS PER #19 ABOVE.
Schedule H, Part V, Section B, Line 20d-GRADY MEMORIAL HOSPITAL	THIS PROCEDURE WAS NOT PART OF ELIGIBILITY PROCESS PER #19 ABOVE.
Schedule H, Part V, Section B, Line 20d-HUGHES SPALDING CHILDRENS HOSPITAL	THIS PROCESS NOT PERFORMED.

**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)
<b>1</b> CRESTVIEW HEALTH & REHABILITATION 2800 SPRINGDALE RD ATLANTA,GA 30315	NURSING HOME
<b>2</b> EMERGENCY MEDICAL SERVICE 745 MEMORIAL DRIVE ATLANTA,GA 30316	AMBULANCE SERVICE
<b>3</b> KIRKWOOD PHARMACY 1863 MEMORIAL DRIVE ATLANTA,GA 30317	PHARMACY
<b>4</b> BROOKHAVEN PHARMACY 2695 BUFORD HIGHWAY ATLANTA,GA 30324	PHARMACY
<b>5</b> EAST POINT PHARMACY 1595 WEST CLEVELAND AVENUE EAST POINT,GA 30344	PHARMACY
<b>6</b> PONCE INFECTIOUS DISEASE PHARMACY 341 PONCE DE LEON AVENUE ATLANTA,GA 30308	PHARMACY
<b>7</b> GRADY BEHAVIORAL HEALTH PHARMACY 10 PARK PLACE 3RD FLOOR ATLANTA,GA 30303	PHARMACY
<b>8</b> MAIN OUTPATIENT PHARMACY 48 COCA COLA PLACE ATLANTA,GA 30303	PHARMACY
<b>9</b> ASA YANCEY PHARMACY 1247 DONALD LEE HOLLOWELL PARKWAY ATLANTA,GA 30318	PHARMACY
<b>10</b> 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.

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	THE FEDERAL POVERTY GUIDELINES (FPG) ARE USED TO DETERMINE THE ELIGIBILITY FOR FREE OR DISCOUNTED CARE WITH 400% OF FPG BEING THE UPPER LIMIT OF QUALIFICATION TO THE PROGRAMS.
Schedule H, Part I, Line 6a	COMMUNITY BENEFIT REPORT WAS NOT DUE FOR RESUBMISSION IN 2020, 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 2020 FILED MEDICARE AND MEDICAID COST REPORTS.
Schedule H, Part II	GRADY IS A MEMBER ORGANIZATION OF THE ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT (ARCHI). ARCHI IS AN INTERDISCIPLINARY COALITION WORKING TO IMPROVE THE REGION'S (DEKALB AND FULTON COUNTIES) HEALTH THROUGH A COLLABORATIVE APPROACH TO CHNAS AND SUBSEQUENT HEALTH IMPROVEMENT INITIATIVES. GRADY HOLDS A SEAT ON THE ARCHI STEERING COMMITTEE FOR ONGOING LEADERSHIP AND CONNECTIVITY TO HEALTH IMPROVEMENT INITIATIVES, AND HAS SIGNED THE ARCHI MEMBERSHIP AGREEMENT IN SUPPORT OF SUSTAINABILITY AND AN ORGANIZATION STRUCTURE. GRADY ALSO PROVIDES FUNDINGTO ARCHI TO SUPPORT THE STAFFING, DATA ANALYTICS, AND PARTNERSHIP BUILDING ACTIVITIES. GRADY CONTINUES TO WORK WITH AND THROUGH ARCHI TO CONDUCT ITS CHNAS IN ORDER TO MAXIMIZE THE IMPACT OF COMMUNITY INVESTMENT IN HEALTH IMPROVEMENT.
Schedule H, Part III, Section A, Line 4	GMHC ALSO INCURS SIGNIFICANT COSTS ASSOCIATED WITH CARE FOR THE UNDER AND UNINSURED THAT DO NOT APPLY AND/OR QUALIFY FOR CHARITY CARE ASSISTANCE. GMHC INCURRED BAD DEBT EXPENSE OF APPROXIMATELY \$745M VALUED IN GROSS CHARGES. ON LINE 2, THE COST FOR BAD DEBT EXPENSE IS BASED UPON THE PATIENT CARE COST TO CHARGE PERCENTAGE OF 18.7% OF ACTUAL PROVISION OF \$139M IN 2020.
Schedule H, Part III, Section B, Line 8	- EXPENSES ARE REPORTED FROM THE MEDICARE COST REPORT CMS-2552-86 FOR THE YEAR ENDED 12/31/20.
Schedule H, Part III, Section C, Line 9b	THE ORGANIZATION HAS UNIQUE ELIGIBILITY CODES TO EACH PATIENT QUALIFYING FOR CHARITY CARE TO ALLOW IT TO WRITE-OFF THE CHARITY CARE PRIOR TO THE COLLECTION PROCESS.
Schedule H, Part VI, Line 2	- IN ADDITION TO GRADY'S CHNA, MANY OF THE COALITIONS THAT GRADY PARTICIPATES IN, OR PARTNERS WITH OUTSIDE ORGANIZATIONS, ALSO ASSESS THE NEEDS OF THEIR COMMUNITIES OR TARGET POPULATIONS. MANY OF WHICH ALIGN OR OVERLAP WITH GRADY'S COMMUNITY, COALITIONS OR PARTNER ORGANIZATIONS WITH ASSESSMENTS THAT ALSO INFORM GRADY'S WORK INCLUDE ARTHUR BLANK FOUNDATION'S WESTSIDE ON THE RISE INITIATIVE, ATLANTA BELTLINE PARTNERSHIP, GEORGIA STATE DEPARTMENT OF PUBLIC HEALTH, ATLANTA REGIONAL COMMISSION, UNITED WAY, MERCY CARE, AND THE ATLANTA REGIONAL COMMUNITY FOOD BANK.
Schedule H, Part VI, Line 3	- PER STATE REGULATIONS, GMHC PLACES ANNUAL ICTF NOTICES IN THE LOCAL NEWSPAPER AND SIGNAGE IS POSTED, ADVISING PATIENTS OF ALL CHARITY CARE PROGRAMS WITHIN THE ORGANIZATION, BASED ON THE PATIENT'S FINANCIAL CIRCUMSTANCES, AND MEDICAL CONDITION. A FINANCIAL COUNSELOR WILL CONSULT WITH THE PATIENT TO DETERMINE BEST FIT FOR THE CRITERIA OF THE VARIOUS ASSISTANCE PROGRAMS. THE APPROPRIATE APPLICATION IS COMPLETED AND THE FINANCIAL ASSISTANCE PROGRAM IS EXPLAINED TO THE PATIENT SIMULTANEOUSLY.
Schedule H, Part VI, Line 4	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 in DeKalb and Fulton Counties, respectively, and 16-18% of residents live below the federal poverty level, an increase from the previous CHNA. Grady also provides specialized services to the greater metro area, which the Atlanta Regional Commission defines as a 10 county region with a total population of 4.7 million. The region continues to grow and become increasingly diverse.
Schedule H, Part VI, Line 5	In 2020, Grady collaborated with Mercy Care, Partners for HOME and United Way to pilot an integrated care permanent supportive housing program for chronically homeless high utilizers. Grady enrolled 32 patients into the voucher program and two thirds were housed despite COVID-19 delays. In addition, Grady was selected to provide rapid rehousing case management services to homeless individuals as part of the City of Atlanta's COVID response for the homeless population. For Lung Cancer Awareness Month in November, Grady launched a digital awareness campaign to increase low dose CT lung screenings. The campaign targeted adults 55 years and older, smokers, and former smokers who quit within last 15 years around Grady's Camp Creek Care Center and in several target ZIP codes within Grady's service area. The campaign resulted in more than 1 million impressions and nearly 4,000 clicks. Ultimately, 206 individuals at risk based on age and smoking history completed the assessment. Grady also participated in the USDA's Farmers to Families program to address food insecurity and health among Grady employees, frontline workers bearing the brunt of the pandemic. From childcare challenges, family members losing jobs or getting ill, fear and stress, and personal illness, Grady employees had increasing needs to support their health and wellbeing. In partnership with Common Market, Grady offered an employee nutrition program for frontline staff that provided over 12,000 boxes of produce and nutrition education to 3,330 employees.
Schedule H, Part VI, Line 6	WHILE GRADY IS NOT LEGALLY AFFILIATED WITH THE EMORY HEALTHCARE SYSTEM, WE ARE PRIMARY TRAINING FOR MORE THE 1,000 EMORY AND MOREHOUSE INTERNS AND RESIDENTS EACH YEAR.
Schedule H, Part VI, Line 7	GMHC FILES A COMMUNITY BENEFIT REPORT IN GEORGIA.

# Additional Data

[Return to Form](#)

**Software ID:** 20012124

**Software Version:** v1.00

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

<b>Schedule I (Form 990)</b>	<b>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</b>  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2020</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization GRADY MEMORIAL HOSPITAL CORPORATION	Employer identification number 26-2037695

**Part I    General Information on Grants and Assistance**

- 1

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

☒ Yes    ☐ No
- 2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE ATLANTA, GA 30310	58-1438873	501 (C) (3)	13,725,352	0			SUPPORT RESIDENCY PROGRAM

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2	RESIDENCY PROGRAM SUPPORT



**Additional Data**

**Return to Form**

**Software ID:** 20012124  
**Software Version:** v1.00

Name of the organization  
GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number  
26-2037695

Part I

Questions Regarding Compensation

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

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN M HAUPERT FACHE PRESIDENT AND CEO	(i)	1,131,954	607,552	24,648	11,400	20,784	1,796,338	0
	(ii)	0	0	0	0	- 0	- 0	0
2ROBERT JANSEN EXEC VP / CMO	(i)	597,850	166,259	23,998	11,400	22,733	822,240	0
	(ii)	0	0	0	0	- 0	- 0	0
3RICHARD RHINE EXEC VP / CFO	(i)	591,826	165,612	25,500	11,400	11,952	806,290	0
	(ii)	0	0	0	0	- 0	- 0	0
4SAMUAL TODD SVP/CHIEF ACUTE CARE	(i)	729,472	0	25,500	0	18,779	773,751	0
	(ii)	0	0	0	0	- 0	- 0	0
5TIMOTHY JEFFERSON EXEC VP / GENERAL COUNSEL	(i)	496,665	126,683	23,426	26,017	19,177	691,968	0
	(ii)	0	0	0	0	- 0	- 0	0
6JACQUELINE HERD EXEC VP / CNO	(i)	536,451	89,933	25,500	11,400	20,599	683,883	0
	(ii)	0	0	0	0	- 0	- 0	0
7MARTY SCOTT SVP CHIEF QUALITY/PT SAFETY OFFICER	(i)	570,801	0	0	0	0	570,801	0
	(ii)	0	0	0	0	- 0	- 0	0
8BENJAMIN MCKEEBY SVP / CIO	(i)	408,737	118,204	19,500	11,400	19,012	576,853	0
	(ii)	0	0	0	0	- 0	- 0	0
9WILLIAM COMPTON SVP EMERG MED SVCS	(i)	472,188	63,584	12,721	11,400	7,321	567,214	0
	(ii)	0	0	0	0	- 0	- 0	0
10KELLEY CARROLL SVP CHIEF AMBULATORY OFFICER	(i)	406,567	108,171	1,667	11,400	19,650	547,455	0
	(ii)	0	0	0	0	- 0	- 0	0
11MARY SALE SVP / CHIEF STRATEGY OFFICER	(i)	388,514	114,029	19,500	8,756	3,238	534,037	0
	(ii)	0	0	0	0	- 0	- 0	0
12RHONDA SCOTT EXEC VP / COO	(i)	485,904	0	0	3,424	0	489,328	0
	(ii)	0	0	0	0	- 0	- 0	0
13LINDSAY CAULFIELD SVP/CHF EXPERIENCE OFFICER	(i)	307,193	89,069	25,500	5,116	10,270	437,148	0
	(ii)	0	0	0	0	- 0	- 0	0
14SANDRA JOHNSON VP REVENUE CYCLE	(i)	307,170	82,764	25,500	8,631	8,811	432,876	0
	(ii)	0	0	0	0	- 0	- 0	0
15MICHELLE WALLACE SVP CHIEF CLINICAL OFFICER	(i)	305,793	84,503	19,500	5,814	2,731	418,341	0
	(ii)	0	0	0	0	- 0	- 0	0
16WILLIAM HILBURN VP CLINICAL APPLICATIONS	(i)	297,810	72,446	23,998	11,400	10,410	416,064	0
	(ii)	0	0	0	0	- 0	- 0	0
17JOSELYN BAKER PRESIDENT HWG FOUNDATION	(i)	270,908	81,653	14,396	11,400	3,938	382,295	0
	(ii)	0	0	0	0	- 0	- 0	0
18MATHEW HICKS SVP GOVERNMENT RELATIONS	(i)	250,178	80,112	19,500	8,748	11,952	370,490	0
	(ii)	0	0	0	0	- 0	- 0	0
19LAWRENCE SANDERS SVP UTILIZATION AND CARE MGMT	(i)	310,420	62,843	19,038	11,400	10,895	414,596	0
	(ii)	0	0	0	0	- 0	- 0	0

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	CLUB DUES ARE PAID FOR EXECUTIVE VICE PRESIDENTS AND HIGHER FOR BUSINESS PURPOSES. IN 2020, GMHC PAID DUES FOR FOUR EXECUTIVES WITH NO PERSONAL USE REPORTED AS TAXABLE INCOME.
Schedule J, Part I, Line 4	SEVERENCE PAYMENTS IN 2020: MARTY SCOTT \$473,000, RHONDA SCOTT \$425,000 AND TERESA BOLDEN \$103,646. EXECUTIVE STAFF PARTICIPATES IN 457F PLAN, PAYMENTS ARE MADE TO PARTICIPANTS LEAVING THE HEALTH SYSTEM OR UNDER PROGRAM RULES. SUCH PAYMENTS MADE IN 2020 WERE MARTY SCOTT \$54,470, LINA GEORGE \$277,655, WILLIAM COMPTON \$168,440, JACQUELINE HERD \$184,319, PETER RHEE \$147,329
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.

## Additional Data

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**Software ID:** 20012124

**Software Version:** v1.00

Name of the organization  
GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number  
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 . . . . .	X	12	44,321,891	COST
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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

290

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

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.

33

Yes

No

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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

Return Reference	Explanation
Schedule M, Part I, Line 32b	NONCASH CONTRIBUTIONS ARE PROCESSED AND SOLICITED BY THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION.

## Additional Data

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## Additional Data

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GRADY MEMORIAL HOSPITAL CORPORATION

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

2020

Open to Public
Inspection

Employer identification number

26-2037695

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GRADY EMS LLC 80 JESSE HILL JUNIOR DRIVE SE ATLANTA, GA 30303 81-4571957	EMERGENCY TRANSPORTATION SERVICES	GA	0	0	GRADY MEMORIAL HOSPITAL CORP

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 191 PEACHTREE STREET Suite 820 ATLANTA, GA 30303 58-2130437	HEALTH CARE	GA	501(C) (3)	7	N/A		No
(2) GRADY HEALTH RESOURCES INC 80 JESSE HILL DRIVE SE  ATLANTA, GA 30303 47-2922502	NMTC	GA	501 (C) (2)	NA	GMHC	Yes	
(3) GRADY WIC INC 80 JESSE HILL JR DR SE  ATLANTA, GA 30303 82-1799159	NMTC	GA	501 (C) (2)	NA	GMHC	Yes	
(4) GRADY CASS INC 80 JESSE HILL JR DRIVE SE  ATLANTA, GA 30303 85-2828602	NMTC	GA	501 (C) (2)	NA	GMHC	Yes	

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	

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  745 MEMORIAL DR SE ATLANTA, GA 30316 47-1397856	AUTO REPAIR & MAINTENAINCE	GA	GMHC	C	709,057	535,684	100 %	Yes	

**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) . . . . .

**1a**

No

**1b**

No

**1c**

Yes

**1d**

Yes

**1e**

No

**1f**

No

**1g**

No

**1h**

No

**1i**

No

**1j**

Yes

**1k**

Yes

**1l**

No

**1m**

Yes

**1n**

No

**1o**

Yes

**1p**

No

**1q**

No

**1r**

No

**1s**

No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
- | (a)<br>Name of related organization       | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1)HENRY W GRADY HEALTH SYSTEM FOUNDATION | c                                | 19,128,325             | FMV  |
| (2)HENRY W GRADY HEALTH SYSTEM FOUNDATION | m                                | 1,827,600              | FMV  |
| (3)RELIANT EMERGENCY SPECIALTIES          | d                                | 2,583,573              | FMV  |
| (4)RELIANT EMERGENCY SPECIALTIES          | o                                | 70,825                 | FMV  |
| (5)GRADY HEALTH RESOURCES INC             | j                                | 1,365,656              | FACILITY LEASE CONTRACT                      |
| (6)GRADY HEALTH RESOURCES INC             | k                                | 595,472                | LEASE CONTRACT                               |
| (7)GRADY WIC INC                          | j                                | 733,616                | FACILITY LEASE CONTRACT                      |
| (8)GRADY WIC INC                          | k                                | 464,000                | SUBLEASE CONTRACT                            |
| (9)GRADY CASS INC                         | j                                | 384,640                | LEASE CONTRACT                               |
- Schedule R (Form 990) 2020

**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.

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation
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Schedule R (Form 990) 2020

**Additional Data**

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**Software ID:** 20012124  
**Software Version:** v1.00

# TY 2020 IRS 990 e-File Render

**Name:** GRADY MEMORIAL HOSPITAL CORPORATION

**EIN:** 26-2037695

**Software ID:** 20012124

**Software Version:** v1.00

**Explanation:** EXTENSION FILED