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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GRADY MEMORIAL HOSPITAL CORPORATION		D Employer identification number 26-2037695
		Doing Business As GRADY HEALTH SYSTEM		E Telephone number
		Number and street (or P O box if mail is not delivered to street address) 80 JESSE HILL JUNIOR DRIVE SE	Room/suite	G Gross receipts \$ 771,085,625
		City or town, state or country, and ZIP + 4 ATLANTA, GA 30303		
	F Name and address of principal officer MICHAEL YOUNG PRESIDENT 80 JESSE HILL JUNIOR DRIVE SE ATLANTA, GA 30303		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.gradyhealthsystem.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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	
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>1</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>1</u>
	5	Total number of employees (Part V, line 2a)	5 <u>6,09</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>1,12</u>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u></u>
	b	Net unrelated business taxable income from Form 990-T, line 34	7b <u></u>

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	146,573,981	235,081,027
	9	Program service revenue (Part VIII, line 2g)	218,975,196	496,073,530
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,283,792	1,006,915
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,283,582	38,924,153
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	372,116,551	771,085,625
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	172,836,970	297,614,988
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangle^0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	206,385,223	435,542,429
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	379,222,193	733,157,417
	19	Revenue less expenses Subtract line 18 from line 12	-7,105,642	37,928,208
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	567,050,683	628,108,018
	21	Total liabilities (Part X, line 26)	314,517,324	305,910,274
	22	Net assets or fund balances Subtract line 21 from line 20	252,533,359	322,197,744

Part II	Signature Block
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<div> <div>Sign Here</div> </div>	<div> <div>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</div> </div>	
	<div> <div>*****</div> </div>	<div> <div>2010-11-12</div> </div>
	<div> <div>Signature of officer</div> </div>	<div> <div>Date</div> </div>
	<div> <div><u>SUE MCCARTHY CHIEF FINANCIAL OFFICER</u></div> <div>Type or print name and title</div> </div>	

Paid Preparer's Use Only	Preparer's signature 		Date 2010-11-12	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 300 N GREENE STREET SUITE 400 GREENSBORO, NC 27401			EIN 
					Phone no  (336) 275-3394

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

SEE STATEMENT 1

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 186,000,000 including grants of \$) (Revenue \$ 49,476,000)
SEE STATEMENT 2

4b

(Code) (Expenses \$ 48,100,000 including grants of \$) (Revenue \$ 27,400,000)
SEE STATEMENT 2

4c

(Code) (Expenses \$ 195,295,728 including grants of \$) (Revenue \$ 472,746,707)
SEE STATEMENT 3

4d












Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 176,204,975 including grants of \$) (Revenue \$ 221,462,918)

4e

Total program service expenses \$ 605,600,703









Part IV

Checklist of Required Schedules

		Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes		
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.				
	• 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.				
	• 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.				
	• 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.				
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	• 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? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No	
18	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	18		No	
19	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	19		No	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		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? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	284	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	6,090	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	18	
b	Enter the number of voting members that are independent	1b	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ OZZIE GILBERT 100 EDGEWOOD AVENUE ATLANTA, GA 30303 (404) 616-1796

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

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

Form **990** (2009)

1b	Total	4,238,780	0	234,843
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **183**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Emory University School of Medicine 101 Boisfeuillet Jones Center200 D ATLANTA, GA 30322	MEDICAL	63,701,316
PRICE WATERHOUSE COOPERS PO BOX 932011 ATLANTA, GA 311932011	MGMT CONSULTING	17,285,764
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 303101495	MEDICAL COVERAGE	11,736,751
CROTHALL HEALTHCARE INC 13028 COLLECTIONS CENTER DR CHICAGO, IL 60693	HOUSEKEEPING	7,711,923
CHAMBERLAIN EDMONDS ASSOC PO BOX 536969 ATLANTA, GA 303536969	COLLECTIONS	4,205,122

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **78**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	158,037,410				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	71,917,614				
	g	Noncash contributions included in lines 1a-1f \$ 5,126,003						
	h	Total. Add lines 1a-1f		235,081,027				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 900,099	496,073,530	496,073,530			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		496,073,530				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,006,915			1,006,915
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		0				
6a		Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . .		0			
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory . .		0			
		Miscellaneous Revenue	Business Code					
11a		RENTAL AND PARKING INCOME	900,099	3,386,462			3,386,462	
b		WATER	900,099	1,859,600	1,859,600			
c	FORGIVENESS OF PAYABLE	900,099	8,462,051			8,462,051		
d	All other revenue		25,216,040			25,216,040		
e	Total. Add lines 11a-11d		38,924,153					
12	Total revenue. See Instructions		771,085,625	497,933,130		38,071,468		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,324,847	909,269	2,415,578	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	239,868,127	225,403,663	14,464,464	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,603,690	7,110,168	4,493,522	
9	Other employee benefits	24,746,812	15,163,623	9,583,189	
10	Payroll taxes	18,071,512	11,073,329	6,998,183	
11	Fees for services (non-employees)				
a	Management	17,494,516	10,719,775	6,774,741	
b	Legal	2,563,198	1,570,601	992,597	
c	Accounting	505,000	309,439	195,561	
d	Lobbying	145,742		145,742	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	141,580,772	86,753,699	54,827,073	
12	Advertising and promotion	973,702	596,636	377,066	
13	Office expenses	6,861,595	4,204,446	2,657,149	
14	Information technology	2,551,842	1,563,643	988,199	
15	Royalties	0			
16	Occupancy	12,428,034	7,615,285	4,812,749	
17	Travel	860,728	527,412	333,316	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	350,500	214,769	135,731	
20	Interest	3,658,962	2,242,031	1,416,931	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	25,217,125	15,451,808	9,765,317	
23	Insurance	7,536,951	4,618,271	2,918,680	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DRUGS	69,538,886	69,538,886		
b	BAD DEBT	91,214,698	91,214,698		
c	MEDICAL SUPPLIES	43,639,441	43,639,441		
d	MAINTENANCE MATERIAL	1,658,345	1,016,152	642,193	
e	EQUIPMENT RENTAL	3,006,720	1,842,369	1,164,351	
f	All other expenses	3,755,672	2,301,290	1,454,382	
25	Total functional expenses. Add lines 1 through 24f	733,157,417	605,600,703	127,556,714	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			-4,369,353	1	13,781,668
	2	Savings and temporary cash investments			3,489,844	2	1,416,069
	3	Pledges and grants receivable, net			203,871,105	3	228,079,214
	4	Accounts receivable, net			74,962,629	4	55,705,516
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			495,600	7	
	8	Inventories for sale or use			7,452,548	8	7,662,542
	9	Prepaid expenses and deferred charges			5,337,547	9	5,649,046
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	326,206,665			
	b	Less accumulated depreciation	10b	46,235,796	214,821,200	10c	279,970,869
	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			60,989,561	15	35,843,094
	16	Total assets. Add lines 1 through 15 (must equal line 34)			567,050,683	16	628,108,018
Liabilities	17	Accounts payable and accrued expenses			189,910,216	17	111,450,347
	18	Grants payable				18	
	19	Deferred revenue			6,225,293	19	13,293,064
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			41,164,801	23	99,039,276
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			77,217,014	25	82,127,587
	26	Total liabilities. Add lines 17 through 25			314,517,324	26	305,910,274
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			24,932,275	27	136,675,577
	28	Temporarily restricted net assets			213,670,084	28	173,656,602
	29	Permanently restricted net assets			13,931,000	29	11,865,565
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			252,533,359	33	322,197,744
	34	Total liabilities and net assets/fund balances			567,050,683	34	628,108,018

Part XI **Financial Statements and Reporting**

	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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	Yes	
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 . .	Yes	

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. ▶ See separate instructions.

OMB No 1545-0047

2009

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), 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

Part I-A

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

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

Part I-B

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

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

Part I-C

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

- 1
- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- ▶
- \$
- 2
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- ▶
- \$
- 3
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- ▶
- \$
- 4
- Did the filing organization file **Form 1120-POL** for this year?
- ☐ Yes
- ☐ No
- 5
- State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 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)).

		(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)?		No	
	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		145,742
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			145,742
	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			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B LINE 1G	LOBBYING ACTIVITIES	GRADY HEALTH SYSTEM LOBBYING ACTIVITIES FOCUS ON COMMUNICATING THE HEALTH SYSTEM'S STATUS AND ITS BUSINESS CHALLENGES TO ELECTED OFFICIALS ON THE COUNTY, STATE AND FEDERAL LEVELS. GIVEN THE HEALTH SYSTEM'S LARGE SHARE OF INDIGENT CARE IN GEORGIA, EFFORTS ARE PRIMARILY DIRECTED TO FINDING ADDITIONAL GOVERNMENT SUPPORT FOR DELIVERING CARE TO THAT UNDERSERVED POPULATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number
26-2037695

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1

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

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	10,393,000	14,492,000		
b	Contributions				
c	Investment earnings or losses	2,429,000	-3,351,000		
d	Grants or scholarships	737,000	722,000		
e	Other expenditures for facilities and programs				
f	Administrative expenses	15,000	26,000		
g	End of year balance	12,070,000	10,393,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,637,930		2,637,930
b Buildings	0	191,131,126	43,102,721	148,028,405
c Leasehold improvements				
d Equipment	0	95,297,800	3,133,075	92,164,725
e Other	0	37,139,809		37,139,809
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				279,970,869

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanat ion

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number
26-2037695

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 125 %</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input checked="" type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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	Yes	
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does 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 Charity Care and Certain Other Community Benefits at Cost						
Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			186,214,406	78,276,859	107,937,547	14 700 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			153,303,805	126,993,537	26,310,268	3 600 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			339,518,211	205,270,396	134,247,815	18 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			46,653,179	36,850,441	9,802,738	1 300 %
f Health professions education (from Worksheet 5)			83,185,976	21,587,081	61,598,895	8 400 %
g Subsidized health services (from Worksheet 6)			10,824,632		10,824,632	1 500 %
h Research (from Worksheet 7)			9,235,986		9,235,986	1 300 %
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits			149,899,773	58,437,522	91,462,251	12 500 %
k Total. Add lines 7d and 7j			489,417,984	263,707,918	225,710,066	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	220,175,481	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	313,574,069	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	586,565,081	
6	Enter Medicare allowable costs of care relating to payments on line 5	662,932,245	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	723,632,836	
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	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures

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

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GRADY MEMORIAL HOSPITAL 80 JESSE HILLJR DRIVE ATLANTA,GA 30303	X	X		X		X	X		
CRESTVIEW HEALTH & REHABILITATION 2800 SPRINGDALE RD ATLANTA,GA 30315		X							NURSING HOME
EMERGENCY MEDICAL SERVICE 80 JESSE HILL JR DR ATLANTA,GA 30303							X		AMBULANCE SERVICE
DEKALB GRADY PHARMACY 30 WARREN STREET ATLANTA,GA 30317									PHARMACY
NORTH DEKALB PHARMACY 3807 CLAIRMONT RD CHAMBLEE,GA 30341									PHARMACY
EAST POINT PHARMACY 1595 WEST CLEVELAND AVE EAST POINT,GA 30344									PHARMACY
PONCE INFECTION DISEASE CTR 341 PONCE DE LEON AVE ATLANTA,GA 30315									PHARMACY
CENTRAL FULTON MENTAL HEALTH CTR 60 COCA COLA PLACE ATLANTA,GA 30335									PHARMACY
MAIN OUTPATIENT PHARMACY 80 JESSE HILL JR DR ATLANTA,GA 30303									PHARMACY
HUGHES SPALDING CHILDREN'S HOSPITAL 45 JESSE HILL JR DR ATLANTA,GA 30303			X	X			X		
ASA YANCEY PHARMACY 1247 DONALD LEE HOLLOWELL PKWY ATLANTA,GA 30318									PHARMACY

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

FPG ARE USED TO DETERMINE THE ELIGIBILITY FOR FREE OR DISCOUNTED CARE

OUR ANNUAL COMMUNITY BENEFIT REPORT SURVEY IS FILED WITH THE GEORGIA HOSPITAL ASSOCIATION

PHYSICIAN SERVICES PROVIDED TO UNINSURED PATIENTS ARE SUBSIDIZED BY THE ORGANIZATION

THIS IS THE PERCENTAGE OF NET COMMUNITY BENEFIT EXPENSE OF TOTAL EXPENSE OF THE ORGANIZATION

CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COSTS WERE DETERMINED USING DATA FROM THE AUDITED FINANCIAL STATEMENTS AND THE 2009 FILED MEDICARE AND MEDICAID COST REPORTS

GMHC ALSO INCURS SIGNIFICANT COST 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 \$91.2 MILLION

LINE 6 EXPENSES ARE REPORTED FROM THE MEDICARE COST REPORT CMS-2552-96 FOR THE YEAR ENDED 12/31/09

THE ORGANIZATION HAS UNIQUE ELIGIBILITY CODES TO IDENTIFY EACH PATIENT QUALIFYING FOR CHARITY CARE TO ALLOW IT TO WRITE-OFF THE CHARITY CARE AMOUNTS PRIOR TO COLLECTION PROCESS

DUE TO ECONOMIC RECESSION AND INCREASING UNEMPLOYMENT RATE, THE DEMAND FOR CHARITY CARE EXCEEDED AVAILABLE FUNDING OF FREE OR DISCOUNTED SERVICES THEREFORE GRADY HAD TO MAKE DECISIONS TO CLOSE PROGRAMS SUCH AS ITS OUTPATIENT DIALYSIS UNIT AND ONE OF ITS NEIGHBORHOOD CLINICS ALSO, IT HAD TO REVISE ITS CHARITY CARE POLICY TO REQUIRE GREATER CO-PAY PARTICIPATION FROM ITS PATIENTS

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
GMHC ASSESSES THE NEEDS BASED ON THE PATIENTS THAT PRESENT, AND ON THE REPORTS FROM THE COUNTY, STATE AND FEDERAL AGENCIES THAT MONITOR THE HEALTHCARE NEEDS IN OUR AREA

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
PER STATE REGULATIONS, WE PLACE ANNUAL NOTICES IN THE NEWSPAPER AND SIGNS ARE POSTED AT ALL REGISTRATION POINTS, ADVISING PATIENTS OF ALL CHARITY CARE PROGRAMS WITHIN THE ORGANIZATION

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
GMHC IS THE SAFETY NET HEALTHCARE PROVIDER FOR THE CORE OF METROPOLITAN ATLANTA THIS AREA INCLUDES FIVE COUNTIES AND MORE THAN 3 MILLION PEOPLE GMHC'S PRIMARY SERVICE AREA IS LIMITED TO FULTON AND DEKALB COUNTIES, WHICH CONTAIN 1.7 MILLION PEOPLE INCLUDING THE ENTIRE CITY OF ATLANTA DEMOGRAPHICALLY, GMHC'S PATIENTS ARE OVERWHELMINGLY INDIGENT AND AFRICAN-AMERICAN, ALTHOUGH IN RECENT YEARS HISPANIC PATIENTS ARE INCREASING STEADILY

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
N/A

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
GMHC HAS A NOT-FOR-PROFIT COMMUNITY BOARD PROVIDING OVERSIGHT TO ONE OF THE LARGEST SAFETY NET HOSPITALS IN THE SOUTHEAST AND LARGEST TRAUMA CENTER IN GERGIA

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
GMHC FILES A COMMUNITY BENEFIT REPORT IN GEORGIA

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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 in 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"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
4a		Yes	
4b			No
4c			No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III		
5a			No
5b			No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III		
6a			No
6b			No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HOGAI NASSERY	(i) (ii)	619,862 0	 0	194,095 0	19,689 0	 0	833,646 0	 0
DAVID JENSEN	(i) (ii)	170,280 0	225,300 0	67,879 0	7,500 0	1,400 0	472,359 0	 0
RITA BOEHLERT	(i) (ii)	263,977 0	 0	86,364 0	11,077 0	763 0	362,181 0	 0
SUE MCCARTHY	(i) (ii)	257,282 0	 0	99,471 0	 0	1,861 0	358,614 0	 0
DEBORAH CANCELLA	(i) (ii)	264,327 0	 0	38,984 0	6,923 0	1,035 0	311,269 0	 0
TIMOTHY JEFFERSON	(i) (ii)	281,767 0	 0	11,117 0	7,154 0	13,103 0	313,141 0	 0
MICHAEL BLACK	(i) (ii)	184,172 0	46,166 0	7,346 0	5,240 0	58,267 0	301,191 0	 0
SUE GREEN	(i) (ii)	183,337 0	 0	29,622 0	 0	762 0	213,721 0	 0
CHARLES BAI	(i) (ii)	191,573 0	 0	19,482 0	4,258 0	6,171 0	221,484 0	 0
RHONDA SCOTT	(i) (ii)	190,575 0	 0	11,366 0	8,095 0	5,563 0	215,599 0	 0
CYNTHIA WELBORN	(i) (ii)	176,641 0	 0	24,987 0	5,272 0	8,598 0	215,498 0	 0
VICKIE JAMES	(i) (ii)	186,366 0	 0	11,630 0	7,513 0	10,178 0	215,687 0	 0
JOHN HALL	(i) (ii)	174,609 0	 0	21,516 0	5,790 0	34,002 0	235,917 0	 0
JUNE LORD	(i) (ii)	180,079 0	 0	18,608 0	2,790 0	1,839 0	203,316 0	 0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE	SCHEDULE J, PART I, LINE 4(A)	SEVERANCE PAYMENTS DURING 2009: MICHAEL BLACK \$46,166 AND MICHAEL AYRES \$225,300

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	144	4,124,753	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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

Identifier	Return Reference	Explanation
STATEMENT 1	FORM 990, PART III, LINE 1- 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
STATEMENT 2	FORM 990, PART III - PROGRAM SERVICES	4A PROGRAM SERVICE ----- CHARITY 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 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 2009, GRADY PROVIDED CARE TO MORE THAN 69,000 UNDER AND UNINSURED PATIENTS WITH ABOUT 458,000 PATIENT ENCOUNTERS, COSTING APPROXIMATELY \$186M GRADY RECEIVES SOME REIMBURSEMENT FROM FULTON AND DEKALB COUNTIES AND SOME FUNDING FROM THE STATE OF GEORGIA'S INDIGENT CARE TRUST FUND (INCLUDING FEDERAL MATCHING MONIES) TO HELP SUPPORT THE COSTS OF CARING FOR SO MANY IN THE REGION IN 2009, TOTAL FUNDING FROM ALL SOURCES OFFSET SOME, BUT NOT ALL, OF GRADY'S UNCOMPENSATED CARE COSTS AND GRADY ENDED THE YEAR WITH A \$38 MILLION SURPLUS PRIMARILY DERIVED FROM ONE-TIME BENEFITS GRADY HAS BEEN AND CONTINUES TO BE SIGNIFICANTLY CHALLENGED BY THE FINANCIAL BURDEN OF PROVIDING SO MUCH FREE CARE TO THE REGION 2009 WAS A VERY CHALLENGING YEAR WITH THE ECONOMIC RECESSION IMPACTING THE EMPLOYMENT STATUS OF SO MANY WHICH HAS INCREASED THE SERVICE DEMAND BY THE UNDER AND UNINSURED 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 2009, 450 RESIDENTS AND FELLOWS FROM EMORY AND MOREHOUSE PROGRAMS ROTATED THROUGH A BROAD SPECTRUM OF SERVICES IN THE ORGANIZATION ADDITIONALLY, HUNDREDS OF MEDICAL STUDENTS BENEFITTED FROM TRAINING IN THE ORGANIZATION GMHC OFFERS UNIQUE LEARNING EXPERIENCE FOR RESIDENTS BY PROVIDING EXPOSURE TO TRAUMA, BURN, INFECTIOUS DISEASE, SICKLE CELL, STROKE CENTER AND OTHER COMPLEX CASES AND HOSTS A SIGNIFICANT NUMBER OF CLINICAL RESEARCH TRIALS TO ENHANCE THE RESIDENTS EDUCATIONAL EXPERIENCE GMHC PROVIDED IN EXCESS OF \$48 MILLION IN DIRECT SUPPORT RELATIVE TO TEACHING SERVICES IN 2009 REIMBURSEMENT FOR TEACHING SERVICES FROM MEDICARE, MEDICAID AND OTHER GOVERNMENTAL FUNDS TOTALED \$27 MILLION GMHC IS RESPONSIBLE FOR TRAINING APPROXIMATELY 25% OF ALL PHYSICIANS CURRENTLY PRACTICING IN THE STATE OF GEORGIA 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 ONLY LEVEL 1 TRAUMA CENTER IN THE ATLANTA METROPOLITAN AREA WHICH HANDLED 2,800 ACUTE TRAUMA CASES IN 2009 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 103,000 EMERGENCY CASES IN 2009 THE EMERGENCY ROOM WAS THE INTAKE POINT FOR 17,400 OF THE SAFETY NET HOSPITAL'S TOTAL ADMISSION ADDITIONALLY, GRADY EMS AMBULANCE FLEET OF 43 UNITS ANSWERED 92,000 TRIPS IN A 142 SQUARE-MILE AREA AND OF COURSE, THEY ALL OPERATE 24 OURS A DAY, 365 DAYS A YEAR GMHC'S LEVEL I TRAUMA CENTER IS A REGIONAL RESOURCE TRAUMA CENTER THAT IS A TERTIARY CARE FACILITY, CENTRAL TO THE STATE'S TRAUMA CARE SYSTEM AS A LEVEL I TRAUMA CENTER, THE HOSPITAL MUST HAVE THE CAPABILITY OF PROVIDING LEADERSHIP AND TOTAL CARE FOR EVERY ASPECT OF INJURY, FROM PREVENTION THROUGH REHABILITATION LEVEL 1 TRAUMA SERVICES REQUIRE DEDICATED ONSITE PHYSICIANS, NURSING STAFF AND FACILITIES RESOURCES TO PROVIDE THE PATIENT CARE, EDUCATION, AND RESEARCH COMMITMENTS
STATEMENT 3	FROM 990, PART VI, SECTION B	LINE 11A- REVIEW PROCESS OF FORM 990 IN NOVEMBER, 2010 FINANCE COMMITTEE MEETING OF THE GRADY MEMORIAL HOSPITAL CORPORATION (GNHC) REVIEWED A DRAFT OF THE 2009 FORM 990, WHICH HAD PREVIOUSLY BEEN REVIEWED BY MANAGEMENT, WHICH WAS DISTRIBUTED TO EACH COMMITTEE MEMBER DISCUSSION ENSUED AND COMMENTS AND SUGGESTIONS WERE TAKEN INTO CONSIDERATION IN FINALIZING THE FORM SUBSEQUENT TO THE MEETING A FINAL DRAFT WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING 12C- ENFORCEMENT OF CONFLICT OF INTEREST POLICY GRADY MEMORIAL HOSPITAL CORPORATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS GRADY MEMORIAL HOSPITAL CORPORATION IS COMMITTED TO THE BELIEF THAT SOUND BUSINESS PRACTICES START WITH AN ABSOLUTE COMMITMENT FROM EACH EMPLOYEE TO ACT ETHICALLY IN CARRYING OUT GRADY MEMORIAL HOSPITAL CORPORATION'S BUSINESS, AND TO COMPLY WITH THE LAWS AND REGULATIONS THAT WOULD IMPACT ITS BUSINESS, THUS GRADY MEMORIAL HOSPITAL CORPORATION'S EMPLOYEES MUST AVOID PARTICIPATING IN ACTIVITIES THAT CREATE OR APPEAR TO CREATE A CONFLICT OF INTEREST IINE 15B- COMPENSATION REVIEW OF CEO AND KEY EMPLOYEES EXECUTIVE COMPENSATION FALLS WITHIN THE PURVIEW OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND IS REVIEWED ANNUALLY GRADY MEMORIAL HOSPITAL CORPORATION'S BOARD OF DIRECTORS DESIGNATED THE COMPENSATION COMMITTEE TO BE RESPONSIBLE FOR ESTABLISHING COMPENSATION PRACTICES WHICH ARE REASONABLE AND DO NOT VIOLATE THE PRIVATE INUREMENT PROHIBITION LINE 19- DOCUMENTS MADE PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE WEB PAGE REFERENCED ON THE FRONT OF THIS FORM THEY CAN ALSO BE ATTAINED FROM THE PERSON REFERENCED ON PART VI, LINE 20
STATEMENT 4	SCHEDULE D, PART V	ALTHOUGH GRADY, THE HENRY W GRADY FOUNDATION AND THE FULTON-DEKALB HOSPITAL AUTHORITY DO NOT MEET THE TECHNICAL DEFINITION OF RELATED ORGANIZATIONS, DISCLOSURE IS MADE FOR ENDOWMENT FUNDS BECAUSE OF THE CLOSE AFFILIATION OF GRADY, THE HENRY W GRADY FOUNDATION AND THE FULTON-DEKALB HOSPITAL AUTHORITY LINE 4 THESE FUNDS REPRESENT THE PRINCIPAL AMOUNTS OF THE PERMANENT ENDOWMENTS, RESTRICTED TO INVESTMENT IN PERPETUITY INVESTMENT EARNINGS FROM THEM ARE EXPENDABLE TO SUPPORT PROGRAMS SUCH AS MEDICAL RESEARCH, OR TREATMENT OF SUFFERING INDIGENT PEOPLE AND MEDICAL SCHOLARSHIPS

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

GRADY MEMORIAL HOSPITAL CORPORATION

Employer identification number

26-2037695

Part I

Identification of Disregarded Entities

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II

Identification of Related Tax-Exempt Organizations

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

HENRY W GRADY FOUNDATION

50 HURT PLAZA SUITE 803

HEALTH CARE

GA

501(C)(3)

11

NA

ATLANTA, GA 30303
58-2130437

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?	
							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
---	-------------------------	---	-------------------------------------	--	---------------------------------	--	--------------------------------

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

No

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 26-2037695
Name: GRADY MEMORIAL HOSPITAL CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	176,204,975	including grants of \$) (Revenue \$	221,462,918)
OTHER					

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
A D PETE CORRELL CHAIR	2 0	X						0	0	0
PAMELA S STEPHENSON VICE CHAIR	2 0	X						0	0	0
ROBERT MILLER SECRETARY	2 0	X						0	0	0
F DUANE ACKERMAN DIRECTOR	2 0	X						0	0	0
THOMAS D BELL JR DIRECTOR	2 0	X						0	0	0
ROBERT A BURROUGHS DIRECTOR	2 0	X						0	0	0
HENRY W GRADY III DIRECTOR	2 0	X						0	0	0
BEVERLY L HALL DIRECTOR	2 0	X						0	0	0
SANDRA HOLLIDAY DIRECTOR	2 0	X						0	0	0
MICHAEL R HOLLIS DIRECTOR	2 0	X						0	0	0
PIERLUIGI MANCINI MD DIRECTOR	2 0	X						0	0	0
AASIA MUSTAKEEM DIRECTOR	2 0	X						0	0	0
JAMES E STEPHENSON DIRECTOR	2 0	X						0	0	0
LOUIS W SULLIVAN MD DIRECTOR	2 0	X						0	0	0
REV JOSEPH L ROBERTS JR DIRECTOR	2 0	X						0	0	0
JOE W ROGERS JR DIRECTOR	2 0	X						0	0	0
MICHAEL RUSSELL DIRECTOR	2 0	X						0	0	0
MICHAEL A YOUNG PRESIDENT AND CEO	40 0	X		X				813,957	0	19,689
SUE MCCARTHY CHIEF FINANCIAL OFFICER	40 0			X				356,753	0	1,861
MICHAEL D AYRES CHIEF FINANCIAL OFFICER	40 0				X			463,459	0	8,900
DENISE WILLIAMS EXECUTIVE VP, OPERATIONS	40 0				X			350,341	0	11,840
DEBORAH CANCELLA CHIEF INFORMATION OFFICER	40 0				X			303,311	0	7,958
TIMOTHY JEFFERSON SR VP, LEGAL AFFAIRS	40 0				X			292,884	0	20,257
MICHAEL BLACK SR VP, HUMAN RESOURCES	40 0				X			237,684	0	63,507
SUE GREEN SR VP, OPERATIONS	40 0				X			212,959	0	762

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RHONDA SCOTT SR VP, CHIEF NURSING OFFICER	40 0				X			201,941	0	13,658
CHARLES BAI ANESTHETIST	40 0					X		211,055	0	10,429
CYNTHIA WELBORN ANESTHETIST	40 0					X		201,628	0	13,870
VICKIE JAMES CHIEF EX CARE	40 0					X		197,996	0	17,691
JOHN HALL ANESTHETIST	40 0					X		196,125	0	39,792
JUNE LORD ANESTHETIST	40 0					X		198,687	0	4,629

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DRUGS	69,538,886	69,538,886		
BAD DEBT	91,214,698	91,214,698		
MEDICAL SUPPLIES	43,639,441	43,639,441		
MAINTENANCE MATERIAL	1,658,345	1,016,152	642,193	
EQUIPMENT RENTAL	3,006,720	1,842,369	1,164,351	