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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020

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

C Name of organization
GRANT MEDICAL CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
308 MAIN STREET EAST

City or town, state or province, country, and ZIP or foreign postal code
MILTON, WV 25541

F Name and address of principal officer:
MARY-BETH BRUBECK
3377 US ROUTE 60
HUNTINGTON, WV 25705

D Employer identification number

51-0156065

E Telephone number

(304) 525-3334

G Gross receipts \$ 31,242,326

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

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

J Website: ▶ N/A

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

L Year of formation: 1975

M State of legal domicile: WV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
NON-PROFIT ORGANIZATION WHOSE PRIMARY PURPOSE IS TO PROVIDE MEDICAL SERVICES TO AN UNDERSERVED POPULATION IN RURAL WEST VIRGINIA

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 259

6 Total number of volunteers (estimate if necessary) 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 0

9 Program service revenue (Part VIII, line 2g) 23,390,171

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,405

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23,393,576

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) 17,174,357

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 4,916,832

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 22,091,189

19 Revenue less expenses. Subtract line 18 from line 12 1,302,387

Expenses

20 Total assets (Part X, line 16) 6,372,167

21 Total liabilities (Part X, line 26) 570,859

22 Net assets or fund balances. Subtract line 21 from line 20 5,801,308

Net Assets or Fund Balances

Beginning of Current Year End of Year

6,372,167 10,625,992

570,859 7,920,046

5,801,308 2,705,946

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-03-22
MARY-BETH BRUBECK VP OF FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00291966

Firm's name ▶ HAYFLICH CPAS PLLC Firm's EIN ▶ 37-1496963

Firm's address ▶ 300 8TH STREET 3RD FLOOR
HUNTINGTON, WV 25701 Phone no. (304) 697-5700

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)