

**THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.**

2010 EXEMPT ORGANIZATION TAX RETURNS

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)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2010
 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____ and ending _____

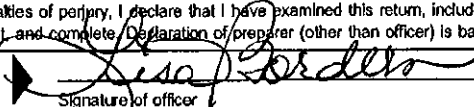
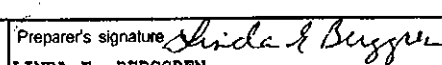
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC.	D Employer identification number 58-2130437
	Doing Business As	
	Number and street (or P.O. box if mail is not delivered to street address) 191 PEACHTREE STREET, NE	Room/suite 820
	City or town, state or country, and ZIP + 4 ATLANTA GA 30303	
F Name and address of principal officer: LISA BORDERS 191 PEACHTREE STREET, NE SUITE 820 ATLANTA GA 30303		E Telephone number 404-489-1550
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 29,679,447
J Website: WWW.GRADYHEALTHSYSTEMFOUNDATION.ORG		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)
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: 1993	M State of legal domicile: GA
H(c) Group exemption number		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION IS TO SECURE ADDITIONAL RESOURCES IN SUPPORT OF THE GRADY HEALTH SYSTEM AND TO ACT AS A FIDUCIARY OF THOSE RESOURCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	79
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 30,618,687	Current Year 26,508,831
	9 Program service revenue (Part VIII, line 2g)	242,820	97,002
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,324	267,199
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-77,879	50,671
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,985,952	26,923,703
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,504,223	6,678,949
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	919,282	1,112,408
	16a Professional fundraising fees (Part IX, column (A), line 11e)	480,726	273,589
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 742,359		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	293,442	1,035,877
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,197,673	9,100,823
19 Revenue less expenses. Subtract line 18 from line 12	21,788,279	17,822,880	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 33,159,160	End of Year 51,419,249
	21 Total liabilities (Part X, line 26)	1,630,246	2,151,984
	22 Net assets or fund balances. Subtract line 21 from line 20	31,528,914	49,267,265

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		Date 11/15/11			
	LISA BORDERS Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name LINDA E. BERGGREN	Preparer's signature 	Date 11/14/11	Check <input type="checkbox"/> if self-employed	PTIN P00146250
	Firm's name GIFFORD, HILLEGASS & INGWERSEN, LLP	Firm's EIN 92-0184475	Firm's address SIX CONCOURSE PARKWAY SUITE 600 ATLANTA, GA 30328	Phone no. 770-396-1100	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION IS TO SECURE ADDITIONAL RESOURCES IN SUPPORT OF THE GRADY HEALTH SYSTEM AND TO ACT AS A FIDUCIARY OF THOSE RESOURCES.

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 \$ **444,314** including grants of \$ **263,556**) (Revenue \$)

SOCIAL SERVICES PROGRAMS:

PATIENTS AT GRADY OFTEN PRESENT MORE THAN JUST HEALTH ISSUES. MANY PATIENTS, ESPECIALLY THE ELDERLY, HOMELESS, AND MENTALLY CHALLENGED, HAVE LITTLE TO NO RESOURCES NECESSARY FOR MAINTAINING OPTIMAL HEALTH. PHILANTHROPIC SUPPORT OF THE SOCIAL SERVICES PROGRAM AT GRADY PROVIDES BASIC SUPPORT TO IMPROVE PATIENT HEALTH OUTCOMES. SUPPORT INCLUDES SUCH THINGS AS TRANSPORTATION, UTILITIES, AND TRANSITIONAL HOUSING. SERVICES ARE BEING PROVIDED BY PROGRAMS FROM THE POISON CONTROL CENTER, RAPE CRISIS CENTER, TEEN & SENIOR SERVICES AS WELL AS MULTICULTURAL AFFAIRS.

4b (Code:) (Expenses \$ **6,348,546** including grants of \$ **6,283,659**) (Revenue \$)

HEALTH AND MEDICAL PROGRAMS:

GRADY HEALTH SYSTEM OFFERS A FULL-RANGE OF SPECIALIZED MEDICAL SERVICES FOR ALL SEGMENTS OF THE COMMUNITY WHILE CONTINUING TO MAINTAIN A STRONG COMMITMENT TO THE NEEDS OF THE UNDERSERVED. PHILANTHROPIC FUNDS PROVIDE PATIENTS WITH SUCH THINGS AS CO-PAY ASSISTANCE FOR PATIENTS UNABLE TO AFFORD THEIR MEDICATION, DURABLE MEDICAL EQUIPMENT FOR CANCER AND DIABETIC PATIENTS, AND MEDICAL TREATMENT FOR OVER 1,000 CHRONICALLY ILL PATIENTS. PROGRAMS PROVIDING THESE SERVICES ARE FROM THE CANCER CENTER, MENTAL HEALTH, INFECTIOUS DISEASE CLINIC AND SICKLE CELL. A MAJOR PART OF THE PROGRAM SERVICES IS RELATED TO THE GRADY CAPITAL CAMPAIGN WHICH IS IN THE PROCESS OF UPGRADING AND REPLACING A WIDE RANGE OF MEDICAL EQUIPMENT.

4c (Code:) (Expenses \$ **89,497** including grants of \$ **89,497**) (Revenue \$ **62,696**)

HOSPITAL SUPPORT:

GRADY PROVIDES PROGRAM PHILANTHROPIC SERVICES FOR ELDERLY PATIENTS AT THE CRESTVIEW LTC FACILITY.

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

(Expenses \$ **41,699** including grants of \$ **41,699**) (Revenue \$ **34,306**)

4e Total program service expenses **6,924,056**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV		X
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 United States? If "Yes," complete Schedule F, Parts II and IV		X
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 United States? If "Yes," complete Schedule F, Parts III and IV		X
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 (see instructions)	X	
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	X	
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule R, Part I		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V **X**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) PETER ANDRUSZKIEWICZ BOARD CHAIR	1.00	X		X			0	0	0	
(2) MICHAEL CADGER BOARD VICE CHAIR	1.00	X		X			0	0	0	
(3) CHAD L. RICHARDSON, CPA BOARD TREASURER	1.00	X		X			0	0	0	
(4) KATHLEEN KLATT SECRETARY	1.00	X		X			0	0	0	
(5) DEBORAH J. SESSIONS, CPA BOARD MEMBER	1.00	X					0	0	0	
(6) LAWRENCE E. BELL, MBA BOARD MEMBER	1.00	X					0	0	0	
(7) G. LEMUEL HEWES, ESQ. BOARD MEMBER	1.00	X					0	0	0	
(8) LISA ASHBY BOARD MEMBER	1.00	X					0	0	0	
(9) ADA LEE CORRELL BOARD MEMBER	1.00	X					0	0	0	
(10) LEON HALEY, JR. MD BOARD MEMBER	1.00	X					0	0	0	
(11) GERALD I. JOHNSON BOARD MEMBER	1.00	X					0	0	0	
(12) JOHN C. LOOMIS BOARD MEMBER	1.00	X					0	0	0	
(13) JEFFREY W. ROBERTSON BOARD MEMBER	1.00	X					0	0	0	
(14) RIC SCHANK BOARD MEMBER	1.00	X					0	0	0	
(15) ELIZABETH MORGAN SPIEGEL BOARD MEMBER	1.00	X					0	0	0	
(16) DAVID A. SMITH BOARD MEMBER	1.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) CHERYL L. YARBROUGH, CPA BOARD MEMBER	1.00	<input checked="" type="checkbox"/>						0	0	0
(18) LISA M. BORDERS PRESIDENT	40.00			<input checked="" type="checkbox"/>				0	201,194	41,647
(19) SUZANNE M. BEGIN EXECUTIVE DIRECTOR	40.00			<input checked="" type="checkbox"/>				0	123,283	25,520
(20) MICHAEL HENRY DIRECTOR OF FINANCE	40.00			<input checked="" type="checkbox"/>				0	120,480	24,939
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								444,957	92,106	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								444,957	92,106	

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 **▶ 3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER STUDIO CHARLOTTE NC 28290	P.O. BOX 532455 VIDEO PRODUCTIONS	268,721
COXE CURRY & ASSOCIATES ATLANTA GA 30303	50 HURT PLAZA SUITE 630 PROF. FUNDRAIS.	265,589

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 **▶ 2**

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	45,963				
	d Related organizations	1d					
	e Government grants (contributions)	1e	138,230				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,324,638				
	g Noncash contributions included in lines 1a-1f: \$		119,548				
	h Total. Add lines 1a-1f		26,508,831				
Program Service Revenue	2a HEALTH CARE PRESENTATION FEES	Busn. Code 611710	62,696	62,696			
	b MANAGEMENT FEE	561000	34,306	34,306			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		97,002				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		136,373			136,373
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents		(i) Real					
		(ii) Personal					
b Less: rental exps.							
c Rental inc. 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 & sales exps.							
c Gain or (loss)							
d Net gain or (loss)				130,826			130,826
8a Gross income from fundraising events (not including \$ 45,963 of contributions reported on line 1c).		See Part IV, line 18					
		a	238,315				
	b Less: direct expenses	187,644					
c Net income or (loss) from fundraising events			50,671			50,671	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			26,923,703	97,002	0	317,870	

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	6,678,949	6,678,949		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	537,063	34,462	204,165	298,436
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	476,343	210,645	140,953	124,745
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	99,002		73,180	25,822
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	16,055		16,055	
c Accounting	20,527		20,527	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	273,589			273,589
f Investment management fees	14,952		14,952	
g Other	527,468		527,468	
12 Advertising and promotion	9,000		9,000	
13 Office expenses	75,919		75,919	
14 Information technology	61,279		61,279	
15 Royalties				
16 Occupancy	92,341		92,341	
17 Travel	28,549		28,549	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,029		15,029	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,341		25,341	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER	120,940		120,940	
b FUNDRAISING EXPENSE	19,767			19,767
c DUES & SUBSCRIPTIONS	8,252		8,252	
d TAXES & LICENSES	458		458	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,100,823	6,924,056	1,434,408	742,359
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	9,185,428	2	9,734,646
	3 Pledges and grants receivable, net	14,354,075	3	23,974,222
	4 Accounts receivable, net	5,822,651	4	14,207,247
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,936	9	134,461
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 353,174		
	b Less: accumulated depreciation	10b 128,096	97,655	10c 225,078
	11 Investments—publicly traded securities	3,670,415	11	3,143,595
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,159,160	16	51,419,249	
Liabilities	17 Accounts payable and accrued expenses	1,630,246	17	2,151,984
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,630,246	26	2,151,984
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	1,375,133	27	1,715,805
	28 Temporarily restricted net assets	30,136,168	28	47,533,847
	29 Permanently restricted net assets	17,613	29	17,613
	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	31,528,914	33	49,267,265	
34 Total liabilities and net assets/fund balances	33,159,160	34	51,419,249	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,923,703
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,100,823
3	Revenue less expenses. Subtract line 2 from line 1	3	17,822,880
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,528,914
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-84,529
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	49,267,265

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC.** Employer identification number **58-2130437**

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 described in 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 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?

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

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

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,427,186	2,572,905	6,909,176	30,618,687	26,508,831	69,036,785
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	682,061	674,876	760,699			2,117,636
4 Total. Add lines 1 through 3	3,109,247	3,247,781	7,669,875	30,618,687	26,508,831	71,154,421
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)						26,587,170
6 Public support. Subtract line 5 from line 4						44,567,251

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,109,247	3,247,781	7,669,875	30,618,687	26,508,831	71,154,421
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	225,352	324,333	75,312	202,324	167,718	995,039
9 Net income from unrelated business activities, whether or not the business is regularly carried on					49,671	49,671
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						72,199,131
12 Gross receipts from related activities, etc. (see instructions)					12	97,002

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	61.73%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	60.51%

- 16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a **10%-facts-and-circumstances test—2010.** 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—2009.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

2010

Open to Public Inspection

Name of the organization: THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC. Employer identification number: 58-2130437

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows include Total number of conservation easements, Total acreage, etc.

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 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	17,613	17,613	17,613		
b Contributions					
c Net investment earnings, gains, and losses	48	98	678		
d Grants or scholarships					
e Other expenditures for facilities and programs	48	98	678		
f Administrative expenses					
g End of year balance	17,613	17,613	17,613		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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				
b Buildings				
c Leasehold improvements				
d Equipment		279,204	128,096	151,108
e Other		73,970		73,970
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				225,078

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,923,703
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,100,823
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	17,822,880
4	Net unrealized gains (losses) on investments	4	-84,529
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 through 8	9	-84,529
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	17,738,351

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	27,026,926
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-84,529
b	Donated services and use of facilities	2b	15,060
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	187,644
e	Add lines 2a through 2d	2e	118,175
3	Subtract line 2e from line 1	3	26,908,751
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	14,952
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	14,952
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,923,703

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,288,575
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,060
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	187,644
e	Add lines 2a through 2d	2e	202,704
3	Subtract line 2e from line 1	3	9,085,871
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	14,952
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	14,952
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,100,823

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, line 2; 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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

90% OF THE INCOME GENERATED IS FOR SCHOLARSHIPS TO THE GRADY SCHOOL OF MEDICAL TECHNOLOGY. THE OTHER 10% REMAINS IN THE FUND. NO AMOUNT WAS EXPENDED FOR SCHOLARSHIPS IN 2010.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT \$ 187,644

Part XIV Supplemental Information (continued)

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT \$ -187,644

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT \$ 187,644

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT \$ 187,644

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization **THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.**

Employer identification number
58-2130437

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	COXE CURRY & ASSOCIATES	CAP. CAMP.		X	23,317,517	273,589	23,043,928
2	KNIGHT MANOR PROPERTIES	CAP. CAMP.		X	0	7,500	-7,500
3							
4							
5							
6							
7							
8							
9							
10							
Total					23,317,517	281,089	23,036,428

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>WHITE COAT GALA</u> (event type)	<u>TRAVEL IN PINK</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	104,200	86,675	93,403	284,278
	2 Less: Charitable contributions	5,450	16,150	24,363	45,963
	3 Gross income (line 1 minus line 2)	98,750	70,525	69,040	238,315
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		32,000	2,823	34,823
	7 Food and beverages		22,500	49,796	72,296
	8 Entertainment		12,500	600	13,100
	9 Other direct expenses	12,012	10,694	44,719	67,425
	10 Direct expense summary. Add lines 4 through 9 in column (d)				187,644
11 Net income summary. Combine line 3, column (d), and line 10				50,671	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC.** Employer identification number **58-2130437**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	5,923	200			INFECTIOUS DISEASE
(2)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	6,610				SENIOR SERVICES
(3)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	6,827				PUBLIC AFFAIRS
(4)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	1,272	5,898			WOMEN'S HEALTH SERV.
(5)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	7,494				RAPE CRISIS CENTER
(6)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	8,826				NURSING EDUCATION
(7)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	3,975	7,564			LONG TERM CARE CENT.
(8)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	5,917	6,500			MENTAL HEALTH PROG.
(9)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	15,686				NURSING EMERG. SERV

2 Enter total number of section 501(c)(3) and government organizations **1**

3 Enter total number of other organizations **1**

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization: **THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.** Employer identification number: **58-2130437**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	17,978	314			POISON CONTROL
(2)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	3,455	15,005			PERINATAL SERVICES
(3)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	19,164				TRAUMA UNIT
(4)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	28,398	1,123			TEEN SERVICES
(5)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	42,958				EMERGENCY MGMT SERV
(6)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	62,180				MULTICULTURAL AFFAIR
(7)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	61,037	6,335			SOCIAL SERVICES
(8)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	201,303				CLINICAL OUTCOMES
(9)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	281,466	4,043			GRADY CANCER CENTER

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.**

Employer identification number
58-2130437

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	5,833,512				CAPITAL CAMPAIGN
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE FOUNDATION HAS SUPPORT FOR ANY CHECKS CUT TO REIMBURSE THE HOSPITAL,
 INCLUDING INVOICES, SCHEDULES, AND APPROVALS FROM BOTH DEPARTMENT HEADS AND
 VICE PRESIDENTS AT THE HOSPITAL. THE GRANTEE'S ELIGIBILITY IS BASED ON
 FUNDS THE FOUNDATION RECEIVED FOR RESTRICTED PURPOSES. FUNDS ARE
 TRANSFERRED TO THE HOSPITAL FOR FUND RELATED RESTRICTIVE PURPOSES WHICH ARE
 REQUESTED AND APPROVED BY HOSPITAL MANAGERS AND OFFICERS TO WHICH THE
 HOSPITAL PAYS TO A THIRD PARTY AND DOCUMENTED ON A FOUNDATION CHECK REQUEST
 OR IS REIMBURSING THE HOSPITAL FOR EXPENSES INCURRED BY THE HOSPITAL FOR
 THE FUNDS RESTRICTED PURPOSES.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

**THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.**

Employer identification number

58-2130437

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

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

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

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

5 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:

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

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

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:

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

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

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

For each individual whose compensation must be reported 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				
1	LISA M. BORDERS	(i) 201,194	(ii) 0	(iii) 0	41,647	0	242,841	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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.

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

191 BUSINESS AND HEALTH CLUB DUES ARE PROVIDED FOR THE PRESIDENT FOR BUSINESS PURPOSES AND ARE THEREFORE CONSIDERED A BUSINESS EXPENSE AND NOT TAXABLE COMPENSATION TO THE PRESIDENT.

PART III - OTHER ADDITIONAL INFORMATION

ALL EMPLOYEES ARE PAID BY GRADY MEMORIAL HOSPITAL CORPORATION, FEIN:

26-2037695

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.**

Employer identification number
58-2130437

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	13	9,498	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,450	FMV
5 Clothing and household goods	X		45,468	FMV
6 Cars and other vehicles	X	2	10,605	FMV
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	X	1	13,509	FMV
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	2,700	FMV
19 Food inventory	X	15	919	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	149	25,519	FMV
26 Other ▶ (GIFT CERT.)	X	221	2,940	FMV
27 Other ▶ (LODGING)	X	5	5,940	FMV
28 Other ▶ ()				

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

29 **0**

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
30a		X

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?

31	X	
----	----------	--

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

32a		X
-----	--	----------

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.

Employer identification number

58-2130437

FORM 990, PART I, LINE 6

THE FOUNDATION HAD SEVENTEEN BOARD OF DIRECTORS AND SIXTY TWO VOLUNTEERS TO
SUPPORT FUNDRAISING EFFORTS. VOLUNTEERS PROVIDE GOVERNANCE, CLERICAL AND
EVENT COORDINATION SERVICES.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

CUTTING EDGE RESEARCH AND THE LATEST TECHNOLOGY CARRY EXPENSIVE PRICE TAGS,
NOT TO MENTION THE UPKEEP OF A 50 YEAR-OLD-FACILITY. CAPITAL ENHANCEMENTS
SUCH AS THE RENOVATION OF THE CHAPEL, THE ADDITION OF NEW AMBULANCES TO THE
FLEET, AND NEW EMERGENCY ROOM EQUIPMENT, MADE AT GRADY HEALTH SYSTEM ARE
MADE POSSIBLE BY PHILANTHROPIC SUPPORT.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

EDUCATION, TRAINING AND PUBLIC AFFAIRS PROGRAMS:

FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE
ORGANIZATIONS, GRADY HEALTH SYSTEM IS AN INTERNATIONALLY RECOGNIZED
TEACHING HOSPITAL. THE EDUCATION, TRAINING, AND PUBLIC AFFAIRS PROGRAMS
USE PHILANTHROPIC FUNDS TO ENSURE THE PATIENTS, STAFF, AND THE COMMUNITY
HAS CURRENT HEALTH INFORMATION AND UP TO DATE MEDICAL TRAINING.

OTHER PROGRAMS:

ALTHOUGH GRADY IS THE ATLANTA AREA'S ONLY TRAUMA CENTER, GRADY HAS AN
IMPORTANT NEED TO INFORM THE PUBLIC FOR ALL INCOME LEVELS OF THE SERVICES
AVAILABLE AT GRADY MEMORIAL HOSPITAL CORPORATION. PROGRAM SERVICES ARE
ALSO PROVIDED TO INFORM THE PATIENT POPULATION OF THE ADVERTISEMENT

Name of the organization

THE HENRY W. GRADY HEALTH SYSTEM

Employer identification number

58-2130437

STATEMENT. 'ATLANTA CAN'T LIVE WITHOUT GRADY, GRADY CAN'T LIVE WITHOUT YOU'.

FORM 990, PART V - ADDITIONAL INFORMATION

FURTHER EXPLANATION FOR LINE 7H:

AMBULANCE WAS RECEIVED AS A GRANT FROM A NON-PROFIT ORGAZNIIZATION AND RETAINED AS AN ASSET FOR USE IN CARRYING OUT MISSION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE DRAFTED 990 TAX RETURN WAS PROVIDED TO EACH MEMBER FOR
QUESTIONS AND COMMENTS. AFTER ALL QUESTIONS AND COMMENTS WERE RESOLVED WITH
THE FINANCE/AUDIT COMMITTEE MEMBERS THE RETURN IS CONSIDERED TO BE "FINAL".
THE FINAL RETURN WAS SENT TO ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

HENRY W. GRADY HEALTH SYSTEM FOUNDATION'S CONFLICT OF INTEREST POLICY IS
REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE
FOUNDATION'S BASIC PHILOSOPHY AND BELIEF IS THAT SOUND BUSINESS PRACTICES
START WITH AN ABSOLUTE COMMITMENT FROM EACH EMPLOYEE TO ACT ETHICALLY IN
CARRYING OUT THE FOUNDATION'S BUSINESS, AND TO COMPLY WITH THE LAWS AND
REGULATIONS THAT IMPACT ITS BUSINESS. THUS, FOUNDATION'S EMPLOYEES MUST
AVOID PARTICIPATING IN ACTIVITIES THAT CREATE OR APPEAR TO CREATE A
CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY REQUIRES THAT ALL
EMPLOYEES AND BOARD MEMBERS OF THE FOUNDATION REAFFIRM THEIR CONFLICT OF
INTEREST STATEMENTS ANNUALLY BY COMPLETING A NEW CONFLICT OF INTEREST
POLICY FORM. THE FORMS ARE MAINTAINED IN THE FOUNDATION'S OFFICE.

Name of the organization

THE HENRY W. GRADY HEALTH SYSTEM

Employer identification number

58-2130437

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS, KEY EMPLOYEES AND
ALL OTHER EMPLOYEES OF THE FOUNDATION IS GOVERNED BY THE HOSPITAL
COMPENSATION COMMITTEE CHARTER. THE HOSPITAL COMPENSATION COMMITTEE
REVIEWS AND RECOMMENDS EACH EXECUTIVE OFFICER'S AND KEY EMPLOYEE'S BASE
SALARY, INCENTIVES, AND BENEFITS, CONSIDERING PERFORMANCE. THE COMMITTEE
ALSO PROVIDES GUIDANCE WITH RESPECT TO GENERAL COMPENSATION GOALS AND
OPERATING PRINCIPLES RELATING TO EMPLOYEES IN GENERAL. THE COMMITTEE
PERIODICALLY REVIEWS RELEVANT COMPARATIVE DATA TO ASSESS THE COMPENSATION
PRACTICES, INCLUDING SALARY LEVELS, WITH COMPARABLE CORPORATIONS THAT
PROVIDE THE SAME SERVICES. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR
ESTABLISHING PRACTICES WHICH ARE REASONABLE AND DO NOT VIOLATE THE PRIVATE
INUREMENT PROHIBITION. ALL COMPENSATION RECOMMENDATIONS RELATED TO
FOUNDATION OPERATIONS MUST BE APPROVED BY THE FOUNDATION BOARD OF
DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS, KEY EMPLOYEES AND
ALL OTHER EMPLOYEES OF THE FOUNDATION IS DESCRIBED IN PRIOR QUESTION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST OR DISPLAYED ON THE FOUNDATION'S
WEBSITE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

▶ 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
**THE HENRY W. GRADY HEALTH SYSTEM
FOUNDATION, INC.**

Employer identification number
58-2130437

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1)						
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL JR. DR. ATLANTA GA 30303 26-2037695	HEALTHCARE	GA	501C3	3	N/A		X
(2)								
(3)								
(4)								
(5)								

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

(1)	(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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(1)	(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
(2)							
(3)							
(4)							

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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	(d) Method of determining amount involved
(1)	GRADY MEMORIAL HOSPITAL CORPORATION	B	6,678,949	FMV
(2)	GRADY MEMORIAL HOSPITAL CORPORATION	K	1,143,662	FMV
(3)				
(4)				
(5)				
(6)				

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

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

(1)	(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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC.	Employer identification number 58-2130437
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 HURT PLAZA 803	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA GA 30303	

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

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

**LISA BORDERS
50 HURT PLAZA, SUITE 803**

- The books are in the care of ▶ **ATLANTA** **GA 30303**
Telephone No. ▶ **404-489-1551** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/11** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2010** or
▶ tax year beginning _____ , and ending _____

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC.	Employer identification number 58-2130437
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 HURT PLAZA 803	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA GA 30303	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LISA BORDERS
50 HURT PLAZA, SUITE 803

- The books are in the care of **ATLANTA** Telephone No. **404-489-1551** FAX No. _____ GA 30303
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/11**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
SEE STATEMENT 1

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date **08/09/11**
Form **8868** (Rev. 1-2011)