

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address): **50 HURT PLAZA**
 Room/suite: **803**
 City or town, state or country, and ZIP + 4: **ATLANTA GA 30303**

D Employer identification number: **58-2130437**

E Telephone number: **404-489-1550**

F Name and address of principal officer:
LISA BORDERS
50 HURT PLAZA, SUITE 803
ATLANTA GA 30303

G Gross receipts \$: **31,135,431**

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

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

J Website: ▶ **WWW.GRADYHEALTHSYSTEMFOUNDATION.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1993** **M** State of legal domicile: **GA**

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
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. PLEASE SEE SCHEDULE O FOR MORE INFORMATION.		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,456,176	30,618,687
	9 Program service revenue (Part VIII, line 2g)	80,744	242,820
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,313	202,324
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,588	-77,879
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,654,821	30,985,952
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,960,132
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)		762,527	919,282
16a Professional fundraising fees (Part IX, column (A), line 11e)			480,726
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 885,579			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		579,081	293,442
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,301,740	9,197,673	
19 Revenue less expenses. Subtract line 18 from line 12	3,353,081	21,788,279	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,160,832	End of Year 33,159,160
	21 Total liabilities (Part X, line 26)	2,420,197	1,630,246
	22 Net assets or fund balances. Subtract line 21 from line 20	9,740,635	31,528,914

Part II Signature Block

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

Sign Here
 Signature of officer: *Lisa M. Borders* Date: **11.14.10**
 Type of print name and title: **LISA M. BORDERS, PRESIDENT**

Paid Preparer's Use Only
 Preparer's signature: *Linda E. Berggren* Date: **11/01/10** Check if self-employed Preparer's identifying number (see instructions): **P00146250**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GIFFORD, HILLEGASS & INGWERSEN, LLP** EIN ▶ **92-0184475**
SIX CONCOURSE PARKWAY SUITE 600 Phone no. ▶ **770-396-1100**
ATLANTA, GA 30328

Part III Statement of Program Service Accomplishments

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. PLEASE SEE SCHEDULE O FOR MORE INFORMATION.

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 \$ **3,855,455** including grants of \$ **3,789,629**) (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.

4b (Code:) (Expenses \$ **642,979** including grants of \$ **537,731**) (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.

4c (Code:) (Expenses \$ **130,450** including grants of \$ **130,450**) (Revenue \$ **191,057**)

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.

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

(Expenses \$ **3,046,413** including grants of \$ **3,046,413**) (Revenue \$ **51,763**)

4e Total program service expenses ▶ **7,675,297**

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?	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? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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, Part II		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, Part III		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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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	X	
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		X
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	X	
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		X
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		X
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		X
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		X
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		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		X
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		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **LISA BORDERS** **50 HURT PLAZA, SUITE 803**

ATLANTA **GA 30303** **404-489-1551**

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	119,712				
	d Related organizations	1d					
	e Government grants (contributions)	1e	157,824				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,341,151				
	g Noncash contributions included in lines 1a-1f: \$		69,209				
	h Total. Add lines 1a-1f		30,618,687				
Program Service Revenue	2a HEALTH CARE PRESENTATION FEES	Busn. Code	611710	191,057	191,057		
	b MANAGEMENT FEE			51,763	51,763		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			242,820			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			202,324	202,324		
	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)					
	8a Gross income from fundraising events (not including \$ 119,712 of contributions reported on line 1c). See Part IV, line 18	a			71,600		
		b Less: direct expenses	b		149,479		
		c Net income or (loss) from fundraising events			-77,879	-77,879	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. See instructions			30,985,952	367,265	0	0	

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	7,504,223	7,504,223		
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	498,116	7,091	217,299	273,726
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	408,758	163,983	145,863	98,912
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	12,408		12,408	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	816			816
b Legal	1,758		1,758	
c Accounting	21,550		21,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	480,726			480,726
f Investment management fees				
g Other				
12 Advertising and promotion	78		78	
13 Office expenses	59,938		59,813	125
14 Information technology	31,880		31,880	
15 Royalties				
16 Occupancy	87,313		87,313	
17 Travel	9,540		9,540	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,374		8,374	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,618		7,618	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER EXPENSES	21,963		21,963	
b FUNDRAISING EXPENSES	17,848			17,848
c DONOR RECOGNITION	13,426			13,426
d DUES & SUBSCRIPTIONS	9,333		9,333	
e TAXES & LICENSES	2,007		2,007	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,197,673	7,675,297	636,797	885,579
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	8,061,433	2 9,185,428
	3	Pledges and grants receivable, net	97,500	3 14,354,075
	4	Accounts receivable, net		4 10,093
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net	411,209	7 5,812,558
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	8,341	9 28,936
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 200,410	
	b	Less: accumulated depreciation	10b 102,755	10c 97,655
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11	3,500,180	12 3,670,415
	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)	12,160,832	16 33,159,160	
Liabilities	17	Accounts payable and accrued expenses	2,272,832	17 363,599
	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	147,365	23 1,266,647
	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	2,420,197	26 1,630,246
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	2,317,045	27 1,375,133
	28	Temporarily restricted net assets	7,405,977	28 30,136,168
	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	9,740,635	33 31,528,914
	34	Total liabilities and net assets/fund balances	12,160,832	34 33,159,160

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,631,969	2,427,186	2,572,905	6,909,176	30,618,687	44,159,923
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	721,339	682,061	674,876	760,699		2,838,975
4 Total. Add lines 1 through 3	2,353,308	3,109,247	3,247,781	7,669,875	30,618,687	46,998,898
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)						17,966,043
6 Public support. Subtract line 5 from line 4						29,032,855

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,353,308	3,109,247	3,247,781	7,669,875	30,618,687	46,998,898
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,926	225,352	324,333	75,312	202,324	979,247
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
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						47,978,145
12 Gross receipts from related activities, etc. (see instructions)					12	516,744
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	60.51%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.81%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

2009

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: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes/No. 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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			
b Contributions					
c Net investment earnings, gains, and losses	98	678			
d Grants or scholarships					
e Other expenditures for facilities and programs	98	678			
f Administrative expenses					
g End of year balance	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 | | X |
| (ii) related organizations | | X |
- 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 Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		126,440	102,755	23,685
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).)				97,655

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	30,985,952
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,197,673
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	21,788,279
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	21,788,279

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	31,276,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	68,810
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	221,668
e	Add lines 2a through 2d	2e	290,478
3	Subtract line 2e from line 1	3	30,985,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	30,985,952

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

1	Total expenses and losses per audited financial statements	1	9,488,151
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	68,810
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	221,668
e	Add lines 2a through 2d	2e	290,478
3	Subtract line 2e from line 1	3	9,197,673
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,197,673

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 XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT	\$	149,479
INTERFUND TRANSFERS	\$	72,189
DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT	\$	-149,479
INTERFUND TRANSFERS	\$	-72,189

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

Part XIV Supplemental Information (continued)

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT \$ 149,479

INTERFUND TRANSFERS \$ 72,189

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

DIRECT EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT \$ 149,479

INTERFUND TRANSFERS \$ 72,189

Multiple rows of dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>BOOTS & BLUE JE</u> (event type)	<u>NURSING ACADEMY</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	88,426	57,150	45,736	191,312
	2	Less: Charitable contributions	66,926	27,150	25,636	119,712
	3	Gross revenue (line 1 minus line 2)	21,500	30,000	20,100	71,600
Direct Expenses	4	Cash prizes		11,978		11,978
	5	Noncash prizes				
	6	Rent/facility costs		2,865		2,865
	7	Food and beverages	20,028	32,983		53,011
	8	Entertainment	5,134	600		5,734
	9	Other direct expenses	44,816	13,779	17,296	75,891
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					-77,879

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				
	2	Cash prizes				
Direct Expenses	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:		Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b		%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶
Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶
Address ▶

16 Gaming manager information:

Name ▶
Gaming manager compensation ▶ \$
Description of services provided ▶
 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

			Yes	No
13a				
13b				
14				
15a				
16				
17a				

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-2130437

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

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. Use Part IV and Schedule I-1 (Form 990) 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
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	5,113				LONG TERM CARE CENT.
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	8,172				MENTAL HEALTH PROG.
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	6,566				RAPE CRISIS CENTER
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	3,068,388				SOCIAL SERVICES
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	640,713				TEEN SERVICES
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	54,602				MULTICULTURAL AFFAIR
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	21,271				BREAST HEALTH INIT.
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	6,453				DIABETES CLINIC
	GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL DRIVE ATLANTA GA 30303	26-2037695	3	307,445				GRADY CANCER CENTER

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)		(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	9,767				COMM. PREVENTIVE MED
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	46,780				PERINATAL SERVICES
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	8,617				TRAUMA UNIT
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	7,787				PSYCHIATRY DEPT.
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	141,241				EMERGENCY MGMT SERV
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	8,097				NEIGHBORHOOD HEALTH
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	35,547				POISON CONTROL
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	472,537				NURSING EMERG. SERV
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	5,997				NURSING EDUCATION
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	57,715				PUBLIC AFFAIRS
		GRADY MEMORIAL HOSPITAL CORPORATION 80_JESSE_HILL_DRIVE ATLANTA GA 30303	26-2037695	3	7,004				BURN UNIT

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

Schedule I-1 (Form 990) 2009

SCHEDULE J
(Form 990)

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
2009
Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

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 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 is 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?
- 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 Regs. 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
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II 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 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE NONQUALIFIED EQUITY-BASED

ROGER THIGPEN

1,827

0

0

PART III - OTHER ADDITIONAL INFORMATION

DIRECTOR OF FINANCE TERMINATED WITH TWO WEEKS SEVERANCE

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

26-2037695

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	6	7,050	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,760	FMV
5 Clothing and household goods	X		33,956	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	5	4,030	FMV
19 Food inventory	X	4	4,750	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CERTIF.)	X	31	5,883	FMV
26 Other ▶ (AD SPACE)	X	3	11,780	FMV
27 Other ▶ (OTHER)				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?

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?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
58-2130437

FORM 990, PART I, LINE 6

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

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

OTHER PROGRAMS:

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 VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE DRAFTED 990 TAX RETURN WAS EMAILED TO EACH MEMBER OF
THE FINANCE/AUDIT COMMITTEE OF THE FOUNDATION FOR QUESTIONS AND COMMENTS.
EACH SEPARATE MAILING INCLUDES A REPLY REQUEST AS ACKNOWLEDGEMENT AS TO THE
RECEIPT OF THE RETURN. AFTER ALL QUESTIONS AND COMMENTS WERE RESOLVED WITH
THE FINANCE/AUDIT COMMITTEE MEMBERS BY THE FINANCE DIRECTOR THE RETURN IS
CONSIDERED TO BE "FINAL". THE APPROVED RETURN WAS PRESENTED TO THE
PRESIDENT TO SIGN, AND A PDF COPY OF THE FINAL RETURN WAS SENT TO ALL BOARD
MEMBERS WITH THE PRESIDENT'S SIGNATURE.

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

HENRY W. GRADY HEALTH SYSTEM FOUNDATION'S CONFLICT OF INTEREST POLICY IS

Name of the organization

THE HENRY W. GRADY HEALTH SYSTEM

Employer identification number

58-2130437

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.

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 AS WELL AS 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.

Name of the organization

THE HENRY W. GRADY HEALTH SYSTEM

Employer identification number

58-2130437

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 O - ADDITIONAL INFORMATION

FORM 990, PART I, LINE 1 AND PART III, LINE 1- ORGANIZATION'S MISSION:

THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION WAS ORGANIZED FOR THE PURPOSE OF PROMOTING AND DEVELOPING QUALITY HEALTH CARE FOR THE FULTON DEKALB HOSPITAL AUTHORITY. IN MAY 2008 THE HOSPITAL OPERATIONS WERE TRANSFERRED TO THE GRADY MEMORIAL HOSPITAL CORPORATION. THERE HAS BEEN NO CHANGE IN THE REALATIONSHIP WITH THE OPERATION OF THE HOSPITAL AND THE FOUNDATION.

For calendar year 2009, or tax year beginning _____, and ending _____

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

Employer Identification Number
58-2130437

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) DUE FROM GMHC	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 411,209				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	411,209	5,812,558	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	411,209	5,812,558	

For calendar year 2009, or tax year beginning _____, and ending _____

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

Employer Identification Number
58-2130437

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) DUE TO GMHC	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 147,365				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	147,365	1,266,647
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	147,365	1,266,647