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Form 990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation

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Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation GRADIAN HEALTH SYSTEMS INC		A Employer identification number 27-2092828	
Number and street (or P O box number if mail is not delivered to street address) 915 BROADWAY NO 1001	Room/suite	B Telephone number (see instructions) (212) 537-0340	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10010		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 15,061,088	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	11,972,623			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	3,802	3,802	3,802	
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances 3,425,214				
b Less Cost of goods sold 3,080,305					
c Gross profit or (loss) (attach schedule) . . . . .	344,909		344,909		
11 Other income (attach schedule) . . . . .	11,590	0	11,590		
12 Total. Add lines 1 through 11 . . . . .	12,332,924	3,802	360,301		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	539,000	0	0	539,334
	14 Other employee salaries and wages . . . . .	698,319	0	360,301	334,888
	15 Pension plans, employee benefits . . . . .	347,521	0	0	345,080
	16a Legal fees (attach schedule) . . . . .	22,085	0	0	9,262
	b Accounting fees (attach schedule) . . . . .	98,595	0	0	92,130
	c Other professional fees (attach schedule) . . . . .	671,641	0	0	644,492
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	2,982	0	0	2,982
	19 Depreciation (attach schedule) and depletion . . . . .	33,162	0	0	
	20 Occupancy . . . . .	486,559	0	0	513,953
	21 Travel, conferences, and meetings . . . . .	939,196	0	0	1,035,372
	22 Printing and publications . . . . .	33,952	0	0	30,040
	23 Other expenses (attach schedule) . . . . .	1,177,047	0	0	1,299,399
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	5,050,059	0	360,301	4,846,932
	25 Contributions, gifts, grants paid . . . . .	111,366			90,288
	26 Total expenses and disbursements. Add lines 24 and 25	5,161,425	0	360,301	4,937,220
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	7,171,499			
	b Net investment income (if negative, enter -0-)		3,802		
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	495,576	1,808,452	1,808,452
	2 Savings and temporary cash investments . . . . .	560,705	391,205	391,205
	3 Accounts receivable ▶ <u>970,303</u>			
	Less allowance for doubtful accounts ▶ _____	261,197	970,303	970,303
	4 Pledges receivable ▶ <u>9,694,366</u>			
	Less allowance for doubtful accounts ▶ _____	4,800,000	9,694,366	9,694,366
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .	845,423	670,656	670,656
	9 Prepaid expenses and deferred charges . . . . .	23,662	388,233	388,233
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .			
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans . . . . .				
13 Investments—other (attach schedule) . . . . .				
14 Land, buildings, and equipment basis ▶ <u>232,759</u>				
Less accumulated depreciation (attach schedule) ▶ <u>138,603</u>	47,125	94,156	94,156	
15 Other assets (describe ▶ _____)	578,799	1,043,717	1,043,717	
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	7,612,487	15,061,088	15,061,088	
Liabilities	17 Accounts payable and accrued expenses . . . . .	300,027	326,707	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .	67,829	149,928	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)	249,985	418,308	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	617,841	894,943	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	2,194,646	3,346,779	
	25 Temporarily restricted . . . . .	4,800,000	10,819,366	
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	6,994,646	14,166,145	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	7,612,487	15,061,088	

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,994,646
2 Enter amount from Part I, line 27a	2	7,171,499
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	14,166,145
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	14,166,145

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float: right;">{ }</span>	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	3,191,122	1,278,459	2 496069
2016	1,781,051	1,666,411	1 068795
2015	3,562,704	1,404,178	2 537217
2014	768,687	2,428,309	0 316552
2013			
<b>2 Total</b> of line 1, column (d)			<b>2</b> 6 418633
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 1 604658
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 1,968,868
<b>5</b> Multiply line 4 by line 3			<b>5</b> 3,159,360
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 38
<b>7</b> Add lines 5 and 6			<b>7</b> 3,159,398
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 4,937,220

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	38
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	38
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	38
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	104
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	104
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	66
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>66</b> <b>Refunded</b> <b>66</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	Yes	No
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>		No
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		No
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>\$</b> _____ 0 (2) On foundation managers <b>\$</b> _____ 0			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b> _____ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		No
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		No
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes	
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes	
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		No
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>NY, DE</b>			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	Yes	
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> STEPHEN M RUDY Telephone no <b>▶</b> (212) 537-0340			

Located at **▶** 915 BROADWAY NO 1001 NEW YORK NY ZIP+4 **▶** 10010

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . . <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LINA SAYED 915 BROADWAY STE 1001 NEW YORK, NY 10010	CHIEF COMMERCIAL OFF 40 00	174,250	23,771	0
DAVID ETTL 915 BROADWAY STE 1001 NEW YORK, NY 10010	DIRECTOR, OPERATIONS 40 00	100,000	35,883	0
ADAM LEWIS 915 BROADWAY STE 1001 NEW YORK, NY 10010	DIRECTOR, COMMUNICAT 40 00	97,000	21,085	0
MORAA GEKONGE 915 BROADWAY STE 1001 NEW YORK, NY 10010	LOGISTICS & OPERATIO 40 00	62,935	39,464	0
KARNAD RITI 915 BROADWAY STE 1001 NEW YORK, NY 10010	DIRECTOR, DISTRIBUTI 40 00	73,015	4,681	0
<b>Total number of other employees paid over \$50,000.</b>				<b>8</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
STORYTELLIOT INC 125 DOLORES STREET SAN FRANCISCO, CA 94103	IT CONSULTING	53,000
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> GRADIAN HEALTH SYSTEMS, INC. ("GRADIAN") IS A PRIVATE OPERATING FOUNDATION WHOSE MISSION IS TO IMPROVE AND STRENGTHEN SAFE EMERGENCY SURGERY IN LOW INCOME COUNTRIES BY DEVELOPING AND MARKETING APPROPRIATE TECHNOLOGIES AND PROVIDING TRAINING AND SUPPORT. GRADIAN EQUIPS HOSPITALS WITH THEIR UNIVERSAL ANESTHESIA MACHINE ("UAM"), WHICH IS DESIGNED TO DELIVER SAFE ANESTHESIA TO ANY HOSPITAL, PARTICULARLY HOSPITALS WHOSE PHYSICAL INFRASTRUCTURE AND INCONSISTENT SUPPLY OF COMPRESSED OXYGEN PRECLUDE THE ABILITY TO USE CONVENTIONAL ANESTHESIA MACHINES.	8,121,051
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,691,738
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	307,113
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,998,851
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,998,851
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	29,983
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,968,868
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	98,443

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	4,937,220
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	4,937,220
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	38
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	4,937,182

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . **2015-03-13**

**b** Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	0	0	0	0	0
<b>b</b> 85% of line 2a . . . . .	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	4,937,220	3,191,172	1,781,051	3,562,720	13,472,163
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	6,236	9,300	0	9,244	24,780
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	4,930,984	3,181,872	1,781,051	3,553,476	13,447,383
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	65,629	42,615	28,001	46,806	183,051
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .			14	3,802	
<b>4</b>	Dividends and interest from securities. . . .					
<b>5</b>	Net rental income or (loss) from real estate					
a	Debt-financed property. . . . .					
b	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory					344,909
<b>11</b>	Other revenue					
a	MISC REVENUE _____			01	11,590	
b	_____					
c	_____					
d	_____					
e	_____					
<b>12</b>	Subtotal. Add columns (b), (d), and (e). . .		0		15,392	344,909
<b>13</b>	Total. Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		<b>360,301</b>

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- ## Part XVII

(a) Line No |

- 2a** Is the foun

	Under
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**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES H SIMONS 915 BROADWAY STE 1001 NEW YORK, NY 10010	CHAIRPERSON 1 00	0	0	0
MARILYN H SIMONS 915 BROADWAY STE 1001 NEW YORK, NY 10010	DIRECTOR 1 00	0	0	0
ANDREW GYENES 915 BROADWAY STE 1001 NEW YORK, NY 10010	TREASURER 1 00	0	0	0
DAVID ACKER 915 BROADWAY STE 1001 NEW YORK, NY 10010	DIRECTOR 1 00	0	0	0
DR NILS DAULAIRE 915 BROADWAY STE 1001 NEW YORK, NY 10010	DIRECTOR 1 00	0	0	0
STEPHEN M RUDY 915 BROADWAY STE 1001 NEW YORK, NY 10010	CEO/DIRECTOR 40 00	340,000	57,072	0
ERICA FRENKEL 915 BROADWAY STE 1001 NEW YORK, NY 10010	COO/SECRETARY (THRU 12/2018) 40 00	199,000	32,386	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MIQUON SCHOOL2025 HARTS LANE CONSHOHOCKEN, PA 19428	NONE	PC	PROGRAM TO MATCH EMPLOYEE GRANTS TO 501(C)(3)S	236
CENTRE NATIONAL HOSPITALIER UNIVERSITAIRE C/1805-2 FIDJROSSE FIN PAVE CONTONOU BN	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	550
MBALE REGIONAL REFERRAL HOSPITAL PO BOX 921 PALLISA ROAD MBALE UG	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	1,650
<b>Total . . . . . ▶ 3a</b>				111,366

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPITAL DE BONGOLOBP 13021 LIBREVILLE GB	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	1,775
DARROW SCHOOL110 DARROW ROAD NEW LEBANON, NY 12125	NONE	PC	PROGRAM TO MATCH EMPLOYEE GRANTS TO 501(C)(3)S	2,000
ST FRANCIS KATETEPO 320100 LUSAKA ZA	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	3,265
<b>Total . . . . . ▶ 3a</b>				111,366



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	NONE	PC	PROGRAM TO MATCH EMPLOYEE GRANTS TO 501(C)(3)S	4,000
AMINU KANO TEACHING HOSPITAL PMB 3451 KANO NI	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	4,812
MT MERU REGIONAL HOSPITALA104 ARUSHA TZ	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	6,060
<b>Total . . . . . ► 3a</b>				111,366

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SERVICE D'AIDE MEDICALE URGENTE (SAMU) PO BOX 84 KIGALI RW	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	12,210
BUTARE UNIVERSITY TEACHING HOSPITAL (CHUB) PO BOX 254 BUTARE RW	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	12,733
MATAI HEALTH CENTERMATAI MATAI TZ	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	18,581
<b>Total . . . . . ▶ 3a</b>				111,366

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SUMBAWANGA HOSPITAL RUKWA REGION SUMBAWANGA TZ	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	19,436
CONNAUGHT HOSPITAL WALLACE JOHNSON STREET YOUYI BUILDING 4TH FLOOR FREETOWN SL	NONE	NC	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	24,058
Total . . . . . ▶ <b>3a</b>				111,366

**TY 2018 Accounting Fees Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ROBERT HALF INTERNATIONAL, INC - ACCOUNTING	11,362	0	0	7,544
FISCAL MANAGEMENT ASSOCIATES, LLC - BOOKKEEPING	2,195	0	0	1,974
FOUNDATION FOR A JUST SOCIETY - ACCOUNTING	48,763	0	0	49,962
PKF O'CONNOR DAVIES, LLP - AUDIT & TAX	30,150	0	0	26,650
BRUCE HINTERMISH - BOOKKEEPING	6,125	0	0	6,000

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

# TY 2018 Depreciation Schedule

Name: GRADIAN HEALTH SYSTEMS INC

EIN: 27-2092828

## Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
IT EQUIPMENT	2014-03-28	29,147	29,147	SL	3 000000000000	0	0	0	
ADDITIONAL ROUTER FOR OFFICE	2015-02-01	1,424	1,424	SL	3 000000000000	0	0	0	
SMART FURNITURE INC OFFICE CHAIRS	2014-05-31	8,360	6,688	SL	5 000000000000	1,672	0	1,672	
VARIOUS OFFICE FURNITURE	2014-07-01	65,424	39,254	SL	5 000000000000	13,085	0	13,085	
CUSTOM MADE CREDENZA FOR FLEX ROOM	2015-04-15	2,628	1,577	SL	5 000000000000	526	0	526	
BEN KRONE - ARCHITECT FOR 915 BROADWAY SPACE	2014-04-16	3,960	2,376	SL	5 000000000000	792	0	792	
BEN KRONE - ARCHITECT FOR 915 BROADWAY SPACE	2014-06-15	12,500	7,500	SL	5 000000000000	2,500	0	2,500	
BEN KRONE - ARCHITECT FOR 915 BROADWAY SPACE	2014-06-30	14,535	8,721	SL	5 000000000000	2,907	0	2,907	
ARCHITECT AND PROJECT MANAGEMENT WORK FOR 10TH FLOOR OFFICE	2014-10-01	5,211	3,127	SL	5 000000000000	1,042	0	1,042	
FINAL INVOICE FOR CONTRACTORS WORK FOR NEW OFFICE	2014-11-17	8,250	4,950	SL	5 000000000000	1,650	0	1,650	
CONSTRUCTION ADMIN WORK	2014-12-17	1,127	677	SL	5 000000000000	225	0	225	
SERVER AND STORAGE REPLACEMENT	2018-01-01	11,162		SL	6 000000000000	1,860	0	1,860	
HPYHEN AND CO - FURNITURE	2018-01-01	52,310		SL	10 000000000000	5,231	0	5,231	
QSWO DESK UNIT ADDITIONAL OFFICE BAY FABRICATION AND INSTALLATION	2018-01-01	6,050		SL	10 000000000000	605	0	605	
8 NEW CAT-6 HOMERUNS TO THE EXISTING FURNITURE	2018-01-01	5,729		SL	10 000000000000	573	0	573	
QSWO DESK JOB INSTALLATION OF WORK STATIONS	2018-07-05	4,942		SL	5 000000000000	494	0	494	

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

## TY 2018 Expenditure Responsibility Statement

**Name:** GRADIAN HEALTH SYSTEMS INC

**EIN:** 27-2092828

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
AMINU KANO TEACHING HOSPITAL	PMB 3451 KANO NI	2018-12-15	4,812	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	4,812	NONE			
BUTARE UNIVERSITY TEACHING HOSPITAL (CHUB)	PO BOX 254 BUTARE RW	2018-10-12	12,733	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	12,733	NONE			
CENTRE NATIONAL HOSPITALIER UNIVERSITAIRE	C/1805-2 FIDJROSSE FIN PAVE CONTONOU BN	2018-11-21	550	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	550	NONE			
CONNAUGHT HOSPITAL	WALLACE JOHNSON STREET YOUYI BUILDING 4TH FLOOR FREETOWN SL	2018-07-12	24,058	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	24,058	NONE			
HOPITAL DE BONGOLO	BP 13021 LIBREVILLE GB	2018-11-26	1,775	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	1,775	NONE			
MATAI HEALTH CENTER	MATAI MATAI TZ	2018-07-18	18,581	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	18,581	NONE			
MBALE REGIONAL REFERRAL HOSPITAL	PO BOX 921 PALLISA ROAD MBALE UG	2018-12-18	1,650	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	1,650	NONE			
MT MERU REGIONAL HOSPITAL	A104 ARUSHA TZ	2018-11-19	6,060	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	6,060	NONE			
SERVICE D'AIDE MEDICALE URGENTE (SAMU)	PO BOX 84 KIGALI RW	2018-10-12	12,210	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	12,210	NONE			
ST FRANCIS KATETE	PO 320100 LUSAKA ZA	2018-12-18	3,265	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	3,265	NONE			

<b>Grantee's Name</b>	<b>Grantee's Address</b>	<b>Grant Date</b>	<b>Grant Amount</b>	<b>Grant Purpose</b>	<b>Amount Expended By Grantee</b>	<b>Any Diversion By Grantee?</b>	<b>Dates of Reports By Grantee</b>	<b>Date of Verification</b>	<b>Results of Verification</b>
SUMBAWANGA HOSPITAL	RUKWA REGION SUMBAWANGA  TZ	2018-07-10	19,436	TO FACILITATE THE DEVELOPMENT OF A CLINICAL TRAINING PROGRAM TO IMPROVE SURGICAL OUTCOMES IN LOW RESOURCE SETTINGS	19,436	NONE			

**TY 2018 Land, Etc.  
Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE & FIXTURES	128,722	68,033	60,689	
MACHINERY & OTHER EQUIPMENT	41,733	32,431	9,302	
OTHER	62,304	38,139	24,165	



**TY 2018 Legal Fees Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BRODY & BROWNE, LLP	2,432	0	0	0
TRACEE A DANNER, LLC	4,400	0	0	4,400
JACKSON LEWIS, P C	1,046	0	0	1,046
GOULSON & STORRS, PC	5,046	0	0	0
OUTTEN & GOLDEN, LLP	5,000	0	0	0
ASHITIVA ADVOCATES, LLP	3,193	0	0	3,193
PERLMAN & PERLMAN	968	0	0	623

**TY 2018 Other Assets Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSITS	93,839	101,145	101,145
INVENTORY DEPOSITS	484,960	935,225	935,225
OTHER RECEIVABLES	0	7,347	7,347

**TY 2018 Other Expenses Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INFORMATION TECHNOLOGY	34,741	0	0	36,294
EQUIPMENT	386,102	0	0	388,266
INSURANCE	47,576	0	0	58,766
PRODUCT DEVELOPMENT	14,275	0	0	14,763
OFFICE EXPENSE	174,383	0	0	172,358
WARRANTY EXPENSE	354,842	0	0	493,900
COMMISSIONS	164,494	0	0	135,052
WRITE-OFF	634	0	0	0

## TY 2018 Other Income Schedule

**Name:** GRADIAN HEALTH SYSTEMS INC

**EIN:** 27-2092828

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISC REVENUE	11,590		11,590

**TY 2018 Other Liabilities Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED RENT	73,245	44,591
ACCRUED WARRANTY	176,740	373,717

**TY 2018 Other Professional Fees Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL SERVICE FEES	39,670	0	0	34,570
IT CONSULTANTS	57,789	0	0	43,753
TRAINING CONSULTANTS	181,792	0	0	187,159
MARKETING AND BUSINESS DEVELOPMENT CONSULTANTS	105,626	0	0	104,987
MANUFACTURING CONSULTANTS	40,798	0	0	40,798
OTHER PROFESSIONAL SERVICES	89,964	0	0	83,094
TRANSLATION SERVICES	19,785	0	0	22,389
LOGISTICS CONSULTANTS	76,347	0	0	74,072
DEVELOPMENT CONSULTANTS	17,500	0	0	17,500
DATA AND EVALUATION SERVICES	6,119	0	0	6,119
SERVICE CONSULTANTS	36,251	0	0	30,051

**TY 2018 Taxes Schedule****Name:** GRADIAN HEALTH SYSTEMS INC**EIN:** 27-2092828

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX	2,982	0	0	2,982

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047
		<b>2018</b>

<b>Name of the organization</b> GRADIAN HEALTH SYSTEMS INC	<b>Employer identification number</b> 27-2092828
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**Organization type** (check one)

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

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

**General Rule**

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

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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



<b>Name of organization</b> GRADIAN HEALTH SYSTEMS INC	<b>Employer identification number</b> 27-2092828
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE NICK SIMONS FOUNDATION	\$ 11,369,366	Person <input checked="" type="checkbox"/>
	25 EAST 22ND STREET		Payroll <input type="checkbox"/>
	NEW YORK, NY 10010		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SAVING LIVES AT BIRTH GRAND CHALLENGE FOR DEVELOPMENT	\$ 603,257	Person <input checked="" type="checkbox"/>
	1720-661 UNIVERSITY AVENUE		Payroll <input type="checkbox"/>
	TORONTO, ONTARIOM5G 1M1 CA		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

27-2092828

<b>Part II</b>	<b>Noncash Property</b>
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

<b>Name of organization</b> GRADIAN HEALTH SYSTEMS INC	<b>Employer identification number</b> 27-2092828
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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