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# Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2008

			year 2008, or tax year	beginning	10	<u>/01 , 2008</u>	, and endi	ng	09/30, <b>20</b> 09
<u> </u>	Che	eck all t	hat apply Initial	return	Final return	Amended	return	Address change	Name change
			Name of foundation					A Employer identifi	cation number
	Use the IRS								
		bei.	WASHINGTON SQUAR	RE HEALTI	H FOUNDATION.	T NC.		36-	1210140
	Othe	rwise,	Number and street (or P 0				Room/su		page 10 of the instructions)
	рі	rint		200 1121112011		J. 222. 233,			, page 10 of the manual of
	or t	type.							
:	See S	pecific	875 NORTH MICHIC		JE	<del></del>	3516	C If exemption applica	2) 664-6488
- 1	Instru	ictions.	City or town, state, and ZI	P code				pending, check here	
								D 1 Foreign organiza	tions, check here
_			CHICAGO, IL 6061					2 Foreign organiza	
Ĥ	<u>C</u> he	eck type	e of organization 🛛 🗶 S	Section 501(	c <u>)(3)</u> exempt private	foundation		85% test, check in computation =	
		Section 4	1947(a)(1) nonexempt char	ritable trust				E If private foundation	n status was terminated
ı	Faii	r marke	t value of all assets at en		• —	Cash 🔣 Acc	crual	1	)(1)(A) check here .
	of y	ear (fro	m Part II, col (c), line		ther (specify)			F If the foundation is	in a 60-month termination
	16)	▶ \$	19,428,425.	(Part I,	column (d) must be o	on cash basis )			)(1)(B), check here . ►
	art	Analy	sis of Revenue and Ex	penses (The	(10	Ţ <u>-</u>			(d) Disbursements
_		total o	f amounts in columns (b), (c	), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may n colum	not necessarily equal the amounts in on (a) (see page 11 of the instructions)		books	incon		income	purposes (cash basis only)
_	1		ions, gifts, grants, etc., received (atta		14,957.		<del>-</del> ,		1 222.
	2	Check	If the foundation is no	t required to		<u> </u>			
	3	-	attach Sch. B on savings and temporary cash						
	4		• • •		335,540	35	9,842.		STMT 1
	1 '		ids and interest from securi	1		+	2,042.		31M1 1
	1		ents	J		<del></del>		<del></del>	
<b>?</b>	1		al income or (loss)			+			
يَّ ق			n or (loss) from sale of assets no ales price for all		5,166.	<del></del>			
SCANNEI Revenue	}	assets o	n line 6a	494,144.		<del></del>	1 04	-RECEIVE	<u> </u>
28	7	•	gain net income (from Part			<del>                                     </del>	1,846.		<u> </u>
<u> </u>	8		ort-term capital gain		<del></del>	<del> </del>	<u>  Le</u>	FEB 1 7 2010	8
J	9 10 a		e modifications • • • • • • • • • • • • • • • • • • •	• • • • • • •		<del></del>	- 1	LED T & SOU	88
E	'""		wances · · · ·	<del></del>		<del> </del>		l	
$\dot{\omega}$	1		ost of goods sold . L			<del></del>		OGDEN, U	<del>                                     </del>
<del> </del> ==4	C		profit or (loss) (attach sched			<del> </del>		U CILI LI UE	
<b>©</b>	11		ncome (attach schedule) .				6,232.	<del></del>	STMT 2
	12		Add lines 1 through 11		355,663		5,456.		
90	13		isation of officers, directors, trus		251, 519		5,152.		226, 367.
	14		employee salaries and wage	ſ	54,038		<u>5,403.</u>		48,635.
penses	15		n plans, employee benefits		97,732		9,773.		87,959.
be.		Legal f	ees (attach schedule)		4,984		498.		4,486.
ŭ	b	Accoun	iting fees (attach schedule)		30,198		3,020.		27,178.
		Other p	professional fees (attach scl	Sedoma).3.	45,076	. 4	5,076.		NONE
rati	17	Interest	t			<u> </u>			
ist	18	Taxes (a	rttach schedule) (see page 14 of t	he instructionず *	21,030		1,403.		12,627.
듶	19	Deprec	iation (attach schedule) an	id depletion .	2,713		NONE		
þ	20	Occupa	ancy		41,464		NONE		41,464.
7	21	Travel,	conferences, and meetings						<u></u>
ద	22		g and publications						
Operating and Administrative	23		expenses (attach schedule)		109, 225	. 1	0,923.		98, 302.
rati	24		perating and administrative	i					
bel	1		es 13 through 23	-	657,979.	.]10	1,248.		547,018.
0	25		utions, gifts, grants paid		445,817				445,817.
	26		enses and disbursements Add lir		1,103,796,		1,248.		992,835.
_	27		ot line 26 from line 12			1			
			revenue over expenses and disbu	rsements	-748, 133.	. [			
	i .		estment income (if negative	1			4,208.	<del> </del>	<del>                                     </del>
	ı		ed net income (if negative,			<del>                                     </del>	., 200.	-0-	
_	<u> </u>	, 450		U.1.U. U /		<del></del>			

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. \*\* STMT  $4_{\rm JSA}$  8E1410 1 000



	ant I	Balance Sheets description column should be for end-of-year	Beginning of year	End o	r year_
L	euu	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,906,847.	303,467.	303,467.
	2	Savings and temporary cash investments	1,271,528.	3,004,821.	3,004,821.
	3	Accounts receivable			
	ļ	Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			<u> </u>
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	'	Less allowance for doubtful accounts			
	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges	12,534.	22, 111.	22, 111.
SS	400	Investments - U S and state government obligations (attach schedule)* *	2, 251, 494.	1, 269, 729.	1, 269, 729.
۹	1	Investments - corporate stock (attach schedule) STMT 7	10, 130, 993.	9,852,889.	
			1,167,999.	1,202,733.	9,852,889. 1,202,733.
	11	Investments - corporate bonds (attach schedule), STMT, 8. Investments - land, buildings, and equipment basis	1,101,939.	1,202,133.	
		Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)  39,645.	5 500	0.737	0 727
		(attach schedule)	5,508.	8,737.	8,737.
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) STMT 9	2,978,695.	3,006,991.	3,006,991.
	'	Investments - other (attach schedule) \$1191, 9 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)		•	
		(attach schedule)			·
	15	Other assets (describe	614,496.	756,947.	<u>756,947.</u>
	16	Total assets (to be completed by all filers - see the			
_		ınstructions Also, see page 1, item I)	20,340,094.	19,428,425.	19,428,425.
	17	Accounts payable and accrued expenses	31,158.	45,119.	
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
Ï	22	Other liabilities (describe  STMT_11)	397, 274.	443, 298.	
		,			
	23	Total liabilities (add lines 17 through 22)	428,432.	488,417.	
_		Foundations that follow SFAS 117, check here			
	j	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	19,911,662.	18,940,008.	
alances	25	Temporarily restricted	2373117002.	2073107000;	
ala	25	<b> </b>		- <del></del> -	
8	26	Permanently restricted			
Fund	l	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶	}"		
9. F		· · · · · · · · · · · · · · · · · · ·			
		Capital stock, trust principal, or current funds	<del></del>		
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
et	30	Total net assets or fund balances (see page 17 of the			
Z	į .	instructions)	19,911,662.	18,940,008.	
	31	Total liabilities and net assets/fund balances (see page 17	1		
		of the instructions)	20,340,094.	19,428,425.	
		Analysis of Changes in Net Assets or Fund I		<del></del>	
1		I net assets or fund balances at beginning of year - Part II,			
		of-year figure reported on prior year's return)			19,911,662.
2 Enter amount from Part I, line 27a					
3	Othe				-748,133.
		lines 1, 2, and 3			19, 163, 529.
		reases not included in line 2 (itemize) ▶SEE_STAT	EMENT 12	5	223,521.
		I net assets or fund balances at end of year (line 4 minus l		line 30 6	18,940,008.
JS		**STMT 6		<del> </del>	Form 990-PF (2008)
	1420 1	<del>-</del> -			, , , ,

Page	3

Form 990-PF (2008)		36-12101	40	· · · · · · · · · · · · · · · · · · ·	Page 3
	s and Losses for Tax on Inv		(b) How	(c) Date	1 (1) 5 ( )
, ,	d describe the kind(s) of property sold ( orick warehouse, or common stock, 200	. —	acquired P-Purchase D-Donation	acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a SEE PART IV SCHE	DULE				
b					
С					
d			ļ		
e				L	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
_a					
b				<del></del>	
С					
_d					<del></del>
<u>e</u>					
Complete only for assets s		ned by the foundation on 12/31/69		Gains (Col (h) g (k), but not less	
(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		Losses (from co	
а					
b					
<u>c</u>					
<u>d</u>					
е		gain, also enter in Part I, line 7			
2 Capital gain net income or	(not conital loca)	(loss), enter -0- in Part I, line 7	2		5,166.
3 Net short-term capital gain	۰۰ م 1 or (loss) as defined in sections 12			<del></del>	3,100.
	, line 8, column (c) (see pages 13				
	line 8		3		
Part V Qualification Un	nder Section 4940(e) for Red	uced Tax on Net Investment Inc	ome		
		e section 4940(a) tax on net investr		me)	
	•				
If section 4940(d)(2) applies,	leave this part blank				
		outable amount of any year in the b	ase perio	d? ∟	_ Yes <u>X</u> No
	not qualify under section 4940(e).				
	ount in each column for each year	, see page 18 of the instructions be	efore mak		
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution r (col (b) divided by	atio y col (c))
2007	1,419,327.	21, 373, 649.			0.066405
2006	1,795,283.	25, 782, 349.			0.069632
2005	1,988,344.	24,609,817.			0.080795
2004	1,434,098.	23, 340, 999.			0.061441
2003	1,460,388.	22,640,547.	ļ	<del></del>	0.064503
2 Total of line 1, column (d)			2		0.342776
	for the 5-year base period - divide				
number of years the found	dation has been in existence if less	s than 5 years	3	<del></del>	0.068555
4 Fataatha astuuluu seessa		Dark V. lima E		4.5	
4 Enter the net value of non	ncharitable-use assets for 2008 fro	om Part X, line 5	4	17	, 382, 277.
5 Multiply line 4 by line 3			5	1	101 (42
5 Multiply line 4 by line 5.					,191,642.
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		1,742.
7 Add lines 5 and 6			7	1	,193,384.
8 Enter qualifying distribution	ons from Part XII, line 4	x in Part VI, line 1b, and complet	o that =	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 256, 451.
the Part VI instructions on	page 18	x iii rait vi, iine 10, and complet	е шагр	artusing a 1%	o lax late See

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			-
	Date of ruling letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,	742.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,	742.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			NON
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1,	742.
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 32, 261.			
b	Exempt foreign organizations-tax withheld at source 6b NONE			
С	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		32,7	791.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		31,0	)49.
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ 8,000. Refunded ▶ 11		23,0	)49.
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	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			
	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$ (2) On foundation managers >\$	- 1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers ►\$	ا ۔		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		<u>Х</u> Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b	NI	/ A _
- D	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5				
	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
6	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?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	$\overline{}$		
	·			
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? If "No," attach explanation	8b	x	
9	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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on	]		
	page 27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		-	
	names and addresses	10	J	Х
	Fo		0-PF (	2008

ronn	35-1210140			Page 🧿
	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •		11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	$\overline{}$	Х	
	Website address ► WWW. WSHF. ORG	<u> </u>		
14	The books are in care of ► HOWARD NOCHUMSON Telephone no ► 312-66	4-64	38	
	Located at ▶875 NORTH MICHIGAN AVENUE, SUITE 3516 CHICAGO, IL ZIP+4 ▶ 60611			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A		▶	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year			_
Par	t 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.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	ľ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. 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)			
þ	If any answer is "Yes" to 1a(1)-(6), did any 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 page 20 of the instructions)? • • • • • • • • • • • • • • • • • • •	1 b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here	]		
С	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 2008?	1c	_	<u>X</u> _
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008? Yes X No			
	If "Yes," list the years			
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)	1		
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business  enterprise at any time during the year?  Yes X No			
	enterprise at any time during the year , , , , , , , , , , , , , , , , ,	1		
þ	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or		1 1	
	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	1		
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 h	,,,	7\
,	foundation had excess business holdings in 2008)	3 b 4 a	N/	<u>А</u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	Ta_		
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 2008?	4b		х

Pa	rt VII-B Statements Regarding Activities fo	or Which Form 4	720 May Be Requ	ired (continued)			
	During the year did the foundation pay or incur any amou		<u> </u>				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?			Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or oth	ner sımılar purposes?		Yes X No	,		
	(4) Provide a grant to an organization other than a charr						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	· · · · · · · · · · · · · · · · · · ·		Yes X No	,		
	(5) Provide for any purpose other than religious, charitab						
	educational purposes, or for the prevention of cruelty			Yes X No	,		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transacti			· —-		ł	
•	Regulations section 53.4945 or in a current notice regard				5b	N/A	
	Organizations relying on a current notice regarding disast	-			1   1	- 11/ 11	
_	If the answer is "Yes" to question 5a(4), does the foundar					ĺ	
C		•		Yes No		ļ	
	because it maintained expenditure responsibility for the gr				' l l	İ	
_	If "Yes," attach the statement required by Regulations sect	. ,					
6 a	Did the foundation, during the year, receive any funds, d	•		Yes X No			
	on a personal benefit contract?			. —			
Þ	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contrac	<sup>xt7</sup>	. 6b	X	
	If you answered "Yes" to 6b, also file Form 8870			<u> П., П., .</u>			
	At any time during the tax year, was the foundation a par						
	If yes, did the foundation receive any proceeds or have a tVIII Information About Officers, Directors						
	and Contractors				-		
1	List all officers, directors, trustees, foundation ma				uctions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens other all		
	· · · · · · · · · · · · · · · · · · ·	devoted to position		and deferred compensation			
			051 510	107 500			
SEL	STATEMENT 13		251,519.	107,500.	·	NONE	
			luded on time 4	22 of the inst			
	Compensation of five highest-paid employees (oth If none, enter "NONE."	ner than those inc	iuded on line 1 - Se	e page 23 of the inst	ructions).		
	in Horio, Citto Horiza	(b) Title, and average	<del></del>	(d) Contributions to	(-) 5		
(a	) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens other all		
		devoted to position	<del></del>	compensation			
SEE	STATEMENT 15		54,038.	17,025.		NONE	
	<del></del>						
			·				
						_	
				<u>                                     </u>			
Tota	I number of other employees paid over \$50,000 .			<u> </u>		NONE	
			- <u>-</u> -		Form 990	-PF (2008)	

Form 990-PF (2008) •	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ NONE
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 beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 PCC COMMUNITY WELLNESS CENTER PCC'S ELECTRONIC HEALTH RECORDS IMPLEMENTATION PROJECT	
2	263, 616.
All other program-related investments See page 24 of the instructions	
3 <u>NONE</u>	
Total. Add lines 1 through 3	263, 616. Form <b>990-PF</b> (2008)

Pa		nimum Investment Return (All domestic foundations must complete this part. Foreige page 24 of the instructions)	gn foundatio	ons,
1	Fair mark	et value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes			
а	Average n	nonthly fair market value of securities	1a	16,444,366.
b	Average of	f monthly cash balances	1 b	1,127,044.
С	Fair mark	et value of all other assets (see page 24 of the instructions)	1c	75, 572.
d		I lines 1a, b, and c)	1d	17,646,982.
е	Reduction	claimed for blockage or other factors reported on lines 1a and		
	1c (attach	detailed explanation) 1e		
2	Acquisition	n indebtedness applicable to line 1 assets	2	NONE
3	Subtract I	ing 2 from line 1d	3	17,646,982.
4	Cash dee	med held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
			4	264,705.
5	Net value	of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,382,277.
6	Minimum	investment return. Enter 5% of line 5	6	869,114.
Pa	rt XI Di	stributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operating	
		indations and certain foreign organizations check here > and do not complete this p		
1	Mınımum	investment return from Part X, line 6	1	869,114.
2 a		estment income for 2008 from Part VI, line 5 2a 1,742.		
b		x for 2008 (This does not include the tax from Part VI) 2b		
	Add lines		2c	1,742.
3		ole amount before adjustments. Subtract line 2c from line 1	3	867,372.
4		s of amounts treated as qualifying distributions	4	123, 926.
5			5	991, 298.
6	Deduction	from distributable amount (see page 25 of the instructions)	6	
7	Distributa	ble amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
			7	991, 298.
Da		ralifying Distributions (see page 25 of the instructions)		<u> </u>
.—				
1		paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		s, contributions, gifts, etc total from Part I, column (d), line 26	1a	992,835.
b	Program-	related investments - total from Part IX-B paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	263,616.
2				
	purposes		2	NONE
3	Amounts	set aside for specific charitable projects that satisfy the		
а	Suitability	rtest (prior IRS approval required)	3a	NONE
b	Cash dis	tribution test (attach the required schedule)	3 b	NONE
4		distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1, 256, 451.
5	Foundati	ons that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		of Part I, line 27b (see page 26 of the instructions)	5	1,742.
6	Adjusted	qualifying distributions. Subtract line 5 from line 4	6	1, 254, 709.
	Note: Th	e amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wallfies for the section 4940(e) reduction of tax in those years	hether the fo	

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)	<u> </u>	
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7				991, 298.
2	Undistributed income, if any, as of the end of 2007	·			
_	Enter amount for 2007 only				1
	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2008				
	From 2003				
	From 2004				
	From 2005 602, 383.				
	From 2006		,		1
e	From 2007 289, 834.				
	Total of lines 3a through e	1,324,425.			,
	Qualifying distributions for 2008 from Part XII,				
-	line 4 ▶ \$1, 256, 451	•			
а	Applied to 2007, but not more than line 2a		}		
	Applied to undistributed income of prior years (Election				
b	required - see page 26 of the instructions)				
	Treated as distributions out of corpus (Election				
·	required - see page 26 of the instructions)				
d	Applied to 2008 distributable amount				991, 298.
	Remaining amount distributed out of corpus	265, 153.			
5	Excess distributions carryover applied to 2008				
6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,589,578.			İ
	Prior years undistributed income Subtract				
	line 4b from line 2b				
С	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.				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions		<del> </del>		<del></del>
е	Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2009.				
7	Amounts treated as distributions out of corpus	<del></del>	1		
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2009.				1
	Subtract lines 7 and 8 from line 6a	1,589,578.			
10	Analysis of line 9				
	Excess from 2004				1
	Excess from 2005 602, 383.				
C	Excess from 2006 299, 990.				
	Excess from 2007 289, 834.				
е	Excess from 2008 265, 153.		1 1		1

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the ruling	g is effective for 2008, e	nter the date of the ruling		. •	
b	Check box to indicate wh	ether the foundation is a	private operating found		4942()	)(3) or 4942(j)(5)
۵.		Тах уеаг	<u> </u>	Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
	I or the minimum investment				<del>`</del>	
	return from Part X for each year listed				ł	
b	85% of line 2a		<del></del>	<u> </u>	<del> </del>	<del> </del>
С	Qualifying distributions from Part					
	XII, line 4 for each year listed					
u	Amounts included in line 2c not used directly for active conduct of exempt activities.					
е	Qualifying distributions made					
	directly for active conduct of				1	
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon				1	
а	"Assets" alternative test - enter				Ì	
	(1) Value of all assets (2) Value of assets qualifying					
	under section				-	
b	4942(j)(3)(B)(i)					
-	enter 2/3 of minimum invest-					
	ment return shown in Part $X$					
	line 6 for each year listed					
С	"Support" alternative test - enter				1	
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),			ĺ		
	or royalties)					
	(2) Support from general			1	ļ	
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplement	ary Information (C	omplete this part of	only if the foundation	on had \$5,000 or mo	re in assets at any
		the year - see page				•
1	Information Regarding	g Foundation Manage	rs:	<u> </u>		
а	List any managers of	the foundation who h	ave contributed more	e than 2% of the tota	I contributions receive	ed by the foundation
	before the close of any	tax year (but only if th	iey have contributed r	nore than \$5,000) (S	ee section 507(d)(2) )	
	N/A					
<u> </u>	List any managers of	the foundation who	own 10% or more of	the stock of a corn	oration (or an equally	large portion of the
D	ownership of a partner					large portion of the
	ouristomp of a partitor	omp or outer ontro, or		u		
	NI / 70					
2	N/A Information Regarding	Contribution Grant	Gift, Loan, Scholarsh	nip. etc Programs:		
-		•		- · · · · · · · · · · · · · · · · · · ·	4-61	
	Check here ► if the unsolicited requests for					
	organizations under oth				20 of the manucho	is to individuals of
				<del></del>		
а	The name, address, a	•	of the person to whom	n applications should b	e addressed	
<u> </u>	SEE STATEM					
b	The form in which appl	lications should be sul	omitted and information	on and materials they	should include	
	SEE ATTACH	IED STATEMENT 1	9			
С	Any submission deadli	nes				
	SEE STATEM	1F.NT 17				
	Any restrictions or lii		such as by geogra	oblical areas, charita	ble fields, kinds of i	nstitutions, or other
-	factors		googie	-p-sees alone, offerfile		
	SEE ATTACH	IED STATEMENT 19	9			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

5 Grants and Contributions Paid Durin	If recipient is an individual.			
Recipient  Name and address (home or business)	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
a Paid during the year				
SEE ATTACHED STATEMENT 18				445,817.
		]		
		}		
		}		
	<u></u>			
Total	<u> </u>	<u> </u>	▶ 3a	445,817.
<b>b</b> Approved for future payment				
NONE				NONE
		1		
		İ		
		1		
		1		
		1		
		<u> </u>		
Total	<u> </u>	<u></u>	<u></u> 3b	NONE

1 Program service revenue  a b  b  c  d  g  Fees and contracts bron government agences 2 Membership dues and assessments 3 Interest on search and extracts from securities 4 Directions of the service of the securities 5 Not refetal frome or (less) from selected a Debt-financed property 5 Not refetal frome or (less) from selected a Debt-financed property 5 Not refetal frome or (less) from passed property 6 Not refetal frome or (less) from selected referance 7 Other investment income 8 Gan or (less) from select of sesset of the han emetory 9 Not income to (less) from select of sesset of the han emetory 11 Other revenue a  12 Subtotal Add columns (b), (d), and (e) 13 Total, Add line 12, columns (b), (d), and (e) 14 Total and line 12, columns (b), (d), and (e) 15 Relationship of Activities to the Accomplishment of Exempt Purposes  Not Applicable.  NOT APPLICABLE  NOT APPLICABLE	Enter gross	amounts unless otherwise indicated	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
Be c c d d c c c d d c c c c d d c c c c	1 Program	n Service revenue					function income (See page 28 of the instructions)
b c d e e e e e e e e e e e e e e e e e e							
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash evestments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property 5 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of miventory 1 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 8 Care worksheet in line 13 instructions on page 28 to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 28 of the instructions.)							· · · · · · · · · · · · · · · · · · ·
d e f g Fees and contracts from government agencies 2 Membership dues and assessments							
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Not rental income or (loss) from real estate a Debt-financed property 5 Not debt-financed property 6 Not rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than arventory 9 Net income or (loss) from sales of sinventory. 1 Other revenue a b C C Subtotal Add columns (b), (d), and (e) 2 Subtotal Add columns (b), (d), and (e) 8 Total Add line 12, columns (b), (d), and (e) 9 Text XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)							
g Fees and contracts from government agencies 2 Membership dues and assessments							
2 Membership dues and assessments	f						<del></del>
3 Interest on sawings and temporary cash investments 4 Dividends and interest from securities. 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory 1 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 8 Total Add line 12, columns (b), (d), and (e) 8 Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)  Part XVI-B  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)	g Fees	and contracts from government agencies					
4 Dividends and interest from securities	2 Member	ship dues and assessments					
5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from seles of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory. 1 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 3 Total Add line 13 instructions on page 28 to verify calculations  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 28 of the instructions.)	3 Interest o	on savings and temporary cash investments		···			
a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 18 5, 166. 9 Other investment income 1 18 18 18 18 18 18 18 18 18 18 18 18 18	4 Dividend	ds and interest from securities			14	335,540.	
b Not debt-financed property		•					····
6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a 12 Subtotal Add columns (b), (d), and (e) 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 3 Total Add line 12, columns (b) for a page 28 to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)  page 28 of the instructions.)							
7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory. 1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)  page 28 of the instructions.)							<del></del>
8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 1 Other revenue a  b c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)  2 Subtotal Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)  The accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)							
9 Net income or (loss) from special events	7 Other in	vestment income					<del>-</del>
O Gross profit or (loss) from sales of inventory.  1 Other revenue a  b  c  d  e  2 Subtotal Add columns (b), (d), and (e)	8 Gain or (I	loss) from sales of assets other than inventory			18	5,166.	
1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e)	9 Net inco	ome or (loss) from special events	ļ				
b c d d e 340,706.  2 Subtotal Add columns (b), (d), and (e)							<del></del>
c d e 3 340,706.  2 Subtotal Add columns (b), (d), and (e)	1 Other re	venue a			_		
d e 2 Subtotal Add columns (b), (d), and (e)	b						
e 2 Subtotal Add columns (b), (d), and (e)							
2 Subtotal Add columns (b), (d), and (e)			<u> </u>		-		
3 Total. Add line 12, columns (b), (d), and (e)					<del>-    </del>	240 706	·····
Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.    V   S   Relationship of Activities to the Accomplishment of Exempt Purposes    Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 28 of the instructions.)							210 506
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 28 of the instructions.)						13	340, 706.
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed important the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) page 28 of the instructions.)					Evernt Purne	NEAC	
	Line No.	Explain below how each active the accomplishment of the fo	ity for which	ch income is report	ed in column	(e) of Part XVI-A conf	
NOT APPLICABLE		page 20 of the instructions.)			<del></del>		
NOT APPLICABLE	<del></del>		<del></del>				
NOT APPLICABLE			<del></del>			<del></del>	
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į							

orm	• 990-PF	: (2008)					36-1	210140			-	Pa	ge 13
	rt XVI			Transfers	To and Transa	ctions				With	Nonc		
1		ne organization directly	or indirectly en							section		Yes	No
а		fers from the reporting for									1a(1)		Х
h	(2) 0	ther assets											X
	(1) Sa	ales of assets to a nonch urchases of assets from											<u>X</u>
	(3) R	ental of facilities, equipm	ent, or other ass	ets							1b(3)		Х
	(5) Lo	eimbursement arrangeme pans or loan guarantees									1b(5)		X
	Sharır	erformance of services on any of facilities, equipmen	it, mailing lists, c	other assets, or	paid employees						1c		X
u	other	answer to any of the ab assets, or services given gement, show in column (	by the reporting	ng foundation	If the foundation re	ceived I		-				•	
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable ex	empt organization	(d) D	escription	of transfers	s, transactio	ns, and sha	nng arrai	ngemer	nts
		N/A				N/A							
	section	foundation directly or n 501(c) of the Code (oth s," complete the following	er than section						tions desc	ribed in	Ye	s X	] No
		(a) Name of organization		(b) 1	Type of organization			(c)	Description	of relation	ship		
								<u>-</u>					

Under penalties of pergry, 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge

70 WEST MADISON STREET, SUITE 700

Date

2/9/2010

Check If self-employed ▶

60602-4903

Date

Phone no 312-899-7000 Form 990-PF (2008)

Preparer's identifying number (See Signature on page 30 of the

Sign Here

Signature of officer or trustee

Firm's name (or yours if self-employed), address,

Preparer's

signature

and ZIP code

TREASURER

'0*0*0

Title

EIN >

CHICAGO,

### Schedule B

**Schedule of Contributors** 

OMB No 1545-0047

(Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

► Attach to Form 990, 990-EZ, and 990-PF. Department of the Treasury

Name of the organization		Employer identification number
WASHINGTON SQUARE H	EALTH FOUNDATION, INC.	
Organization type (check one	a)	36-1210140
organization type (oncox on	~,	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	rivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation
	501(c)(3) taxable private foundation	
•	covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note.</b> Only a section is for both the General Rule and a Special Rule. See instructions.)	n 501(c)(7), (8), or (10)
	iling Form 990, 990-EZ, or 990-PF that received, during the year, some contributor. Complete Parts I and II	\$5,000 or more (in money or
Special Rules		
under sections 509	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 I(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, dur 00 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% o	ing the year, a contribution of the
during the year, ag	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the gregate contributions or bequests of more than \$1,000 for use <i>excl</i> or educational purposes, or the prevention of cruelty to children or	usively for religious, charitable,
during the year, so not aggregate to m the year for an excl applies to this orga	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the me contributions for use exclusively for religious, charitable, etc., place than \$1,000. (If this box is checked, enter here the total contribusively religious, charitable, etc., purpose Do not complete any of inization because it received nonexclusively religious, charitable, etc.	urposes, but these contributions did butions that were received during the parts unless the General Rule ic., contributions of \$5,000 or more
990-EZ, or 990-PF), but they	are not covered by the General Rule and/or the Special Rules do no must answer "No" on Part IV, line 2 of their Form 990, or check the their Form 990-PF, to certify that they do not meet the filing requires.	e box in the heading of their
For Privacy Act and Paperwork Rec	luction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

age	of	of Part I

Name of organization	WASHINGTON	SQUARE	HEALTH	FOUNDATION,	INC.	

Employer Identification number

2	-	7	2 1	Λ1	40	

Part   Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	G H ZENDT CHARITABLE TRUST  C/O BOA 231 S LASALLE ST  CHICAGO, IL 60697	- \$10,557. -	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		-   \$ -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		-   -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

E E Z	INVESTMENT	I NCOME	1   1   1   1	359,842.	359,842.	
REVENUE AND	EXPENSES	PER BOOKS		335, 540.	335,540.	
					TOTAL	
		DESCRIPTION	!  -  -	INTEREST AND DIVIDENDS		

FORM 990PF, PART I - OTHER INCOME

	NET	INVESTMENT	I NCOME		-86,232.	-86, 232.	
REVENUE	AND	EXPENSES	PER BOOKS		NONE	NONE	
						TOTALS	
			DESCRIPTION		INCOME FROM FORMS K-1		

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FORM 990PE, PART I - OTHER PROFESSIONAL FEES

CHARI TABLE PURPOSES	NONE	NONE	
NET I NVESTMENT I NCOME	45,076.	45,076.	
REVENUE AND EXPENSES PER BOOKS	45,076.	45,076.	
DESCRIPTION	ADVISORY MANAGEMENT FEES	TOTALS	

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FORM 990PF, PART I - TAXES

CHARITABLE . PURPOSES NONE	12,627.
H	1,403. 1,403. ====================================
REVENUE AND EXPENSES PER BOOKS7,000.	14,030. 
	TOTALS
DESCRIPTION  FEDERAL EXCISE TAX	PAYROLL TAX

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	33,907. 11,868. 12,658. 101. 39,768.	98,302.
NET I NVESTMENT I NCOME	3,768. 1,319. 1,406. 11. 4,419.	10,923.
REVENUE AND EXPENSES PER BOOKS	37,675. 13,187. 14,064. 112. 44,187.	       
		TOTALS
DESCRIPTION	INSURANCE OFFICE SUPPLIES BOARD EXPENSES DIABETES PROGRAM MEETING MISCELLANEOUS EXPENSE	

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

Q

II - CORPORATE STOCK	
PART	
FORM 990PE,	

ENDING FMV	9, 409, 591.	443, 298.	9,852,889.
ENDING BOOK VALUE	9,409,591.	443, 298.	9,852,889.
DESCRIPTION		MERRILL LYNCH MUTUAL FUNDS AND VANGUARD ANNUITIES	TOTALS

7

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

FORM 990PF, PART II - CORPORATE BONDS

GENERAL ELECTRIC TOYOTA MOTOR CREDIT CORP DESCRIPTION

TOTALS

ENDI NG FMV	!!!	568, 747. 633, 986.	1,202,733
ENDI NG BOOK VALUE		568,747.	1,202,733.

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WASHINGTON SQUARE HEALTH FOUNDATION, INC.

INVESTMENTS
- OTHER
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PART
990PE,
FORM

	INVESTMENTS
DESCRIPTION	ALTERNATI VE

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ENDI NG	FMV	!	3,006,991.	3,006,991.	
ENDI NG	BOOK VALUE		3,006,991.	3,006,991.	

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# FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	BOOK VALUE
ACCRUED INTEREST/DIVIDENDS	42,44
RENT SECURITY DEPOSIT	6,97
PROGRAM RELATED INVESTMENTS	707,52

TOTALS

ENDI NG FMV	i ! !	42, 448. 6, 971. 707, 528.	75
ENDING BOOK VALUE		42,448. 6,971. 707,528.	756,947

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

EMPLOYEE BENEFIT PLAN

443,298.

TOTALS

443,298.

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FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES 

AMOUNT DESCRIPTION -----\_\_\_\_\_

223,521. UNREALIZED LOSS ON INVESTMENTS

TOTAL 223,521. 

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANGELO P. CRETICOS, MD 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	PRESIDENT & DIRECTOR 2.	19,250.	NONE	NONE
WILLIAM N. WERNER, MD, MPH 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	VICE PRESIDENT & DIRECTOR 2.	5, 250.	NONE	NON
WILLIAM B. FRIEDEMAN 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	SECRETARY & DIRECTOR 2.	8,250.	NON	E NO NO NO NO
JAMES M. SNYDER 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	TREASURER & DIRECTOR 2.	7, 500.	NONE	NONE
SUNNY A. WIRTZ 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	DIRECTOR 2.	4,750.	NONE	Z N N N

DIRECTORS, AND TRUSTEES FORM 990PF, PART VIII - LIST OF OFFICERS,

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN C. YORK 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	DIRECTOR 2.	6,750.	NONE	NONE
RICHARD B. PATTERSON, DPM, MSPH 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	DIRECTOR 2.	5,750.	NONE	NONE
BILL WILEY 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	DIRECTOR 2.	6, 750.	NON	NONE
HOWARD NOCHUMSON 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	EXEC DIR/ASSIST. SEC. & TREAS. 40.	187, 269.	107, 500.	NONE
HOWARD M. MCCUE III 875 NORTH MICHIGAN AVENUE SUITE 3516 CHICAGO, IL 60611	OFFICER/ASSIST. SEC. & TREAS. 2.	NO NO NO NO	NONE	NONE
	GRAND TOTALS	251, 519.	107,500.	NONE

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES -	EXPENSE ACCT AND OTHER ALLOWANCES .
CATHERINE BAGINSKI 875 NORTH MICHIGAN AVENUE	PROGRAM OFFICER 40.	54,038.	17,025.	NONE
	TOTAL COMPENSATION	54,038.	17,025.	NONE

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

HOWARD NOCHUMSON 875 NORTH MICHIGAN AVE., SUITE 3516 CHICAGO, IL 60611 312-664-6488 990PF, PART XV - SUBMISSION DEADLINES

FOR THE FISCAL YEAR COVERED BY THE RETURN, GRANT SUBMISSIONS WERE ACCEPTED ON A CONTINUOUS ROLLING BASIS FOR EITHER THE DECEMBER 1 OR OR JUNE 1 DEADLINES.

## FY 08-09 Grants

Docket Number	Organization Name	Organization Address	Project Title	Grant Amount
1725a	WilPower, Inc.	444 W. Frontage Northfield, IL 60093	WilPower Wellness Project	\$16,455
1776b	Access Community Health Network	1501 S. California Avenue Chicago, IL 60608	Increasing Access to Specialist Health Care: Gastroenterology and Colorectoal Cancer Screening	\$10,000
1779a	Society for the Preservation of Human Dignity	37 North Plum Grove Road Palatine, IL 60067	The Society for the Preservation of Human Dignity: From Despair to Hope, a Post Partum Depression Program	\$20,000
1798	Korean American Community Services	4300 N. California Avenue Chicago, IL 60618	Korean Women's Life Changing Journey	\$13,368
1800	The Children's Clinic	320 Lake Street Oak Park, IL 60302	The Children's Clinic Dental Student Community Rotation and Portable Dentistry Expansion.	\$12,955
1804b	Breakthrough Urban Ministries	402 N. St. Louis Ave. Chicago, IL 60624	Health Care for Homeless Adults	\$10,000
1809	Advocate Illinois Masonic Medical Center	836 West Wellington Avenue Chicago, IL 60657-5193	Illinois Masonic Mobile Dental Van Replacement and Expansion	\$10,000
1819	CommunityHealth,NFP	2611 West Chicago Avenue Chicago, IL 60622	The Expanded Continuity Clinic Program at CommunityHealth.	\$20,445
1835	Children's Memorial Hospital	2300 Children's Plaza Box 4 Chicago, IL 60614	"Children Celebrate Children" Project to Support Children Memorial Hospital's Fouinder's Board's five year, \$10 million pledge to the Department of Family	\$10,000

			Services	
1836	Easter Seals DuPage	830 South Addison Avenue Villa Park, IL 60181	Interactive Metronome Therapy Program	\$9,660
1838	Illinois Center for Violence Prevention	70 East Lake Street, Suite 720 Chicago, IL 60601	Beyond Visible Injuries: The Link Between Health and Violence	\$10,000
1839	Clearbrook	1835 W. Central Rd. Arlington Heights, Illinois 60005	Interactive Distance Learning: Bridging the information divide in the field of developmental disabilities to improve services delivered by human service and healthcare providers in Lake County, IL.	\$9,015
1840	Thresholds	4101 North Ravenswood Ave. Chicago, IL 60613	Integrated Health Care conference entitled, Critical Condition: Integrating Health Care to Increase Life Expectancy and Quality for People with Severe Mental Illness	\$20,000
1844	Little Company of Mary Hospital	2800 W. 95th Street Evergreen Park, IL 60642	Becoming Baby Friendly	\$15,000
1851	Family Service Center	1167 Wilmette Avenue, Suite 201 Wilmette, IL 60091	Latino Family Program	\$8,600
1852	PCC Community Wellness Center	14 West Lake Street Oak Park, IL 60302	PCC's AmeriCorps Breastfeeding Peer Counselors	\$10,161
1853	Children's Memorial Hospital	2300 Children's Plaza Box 4 Chicago, IL 60614	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$30,000
1854	Erie Family Health Center	1701 W. Superior St. Chicago, IL	Expanding Access to Cervical Cancer Diagnostic Testing and Quality	\$13,984

		60622	OB/GYN Care at Erie Helping Hands Health Center.	
1856	Council on Foundations	1828 L Street, NW Suite 300 Washington, DC 20036	Foundation Designated Grants	\$2,370
1857	Chicago Chesed Fund	7045 N. Ridgeway Lincolnwood, IL 60712	Howard Nochumson's Board of Director Grant	\$1,000
1858	HealthReach Incorporated	1800 Grand Ave Waukegan, IL 60085	Mr. William B. Friedeman's Board of Director Grant	\$1,000
1859	Zacharias Sexual Abuse Center	4275 Old Grand Avenue Gurnee, IL 60031	Mr. William B. Friedeman's Board of Director Grant	\$500
1861	Advocate Illinois Masonic Medical Center	836 West Wellington Avenue Chicago, IL 60657-5193	Mr. Nochumson's Board of Director Grant to the Eye Center.	\$500
1862	CDC Foundation	55 Park Place, Suite 400 Atlanta, GA 30303	Meta-Leadership Summit for Preparedness	\$5,000
1863	Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science	3333 Green Bay Road North Chicago, IL 60064-3095	Dr. Richard B. Patterson's Board of Director Grant to the Jack Scholl Memorial Scholarship Fund for the Scholl Scholarship Benefit.	\$2,000
1865	Northwestern	676 N. St. Clair Chicago, IL 60611	McCormick Engineering Faculty Member Quarterly Fellowship into the Lurie Cancer Center Program	\$30,000
1866	Grantmakers In Health	1100 Connecticut Avenue, N.W. Suite 1200 Washington, DC 20036	Special Designated Grant - Grantmakers in Health 2009	\$2,750
1867	North Park Friendship Center	3448 W. Foster Chicago, IL	Dr. William N. Werner's Board of Director Grant	\$2,000

		60625		
1868	Advocate Illinois Masonic Medical Center	836 West Wellington Avenue Chicago, IL 60657-5193	Dr. William N. Werner's Board of Director Grant to the Angelo P. Creticos, MD Cancer Center Fund.	\$1,000
1869	Donors Forum of Chicago	208 South LaSalle Street Suite 1540 Chicago, IL 60604-1006	Foundation Designated Grant	\$1,832
1870	Children's Memorial Hospital	2300 Children's Plaza Box 4 Chicago, IL 60614	Special Designated Grant	\$500
1871a	University of Illinois Foundation	1305 West Greene Street Harker Hall Urbana, IL 61801	Chicago Diabetes Project Development Personnel Grant	\$21,282
1872	The Chicago Medical Society	515 North Dearborn Street Chicago, IL 60610	Special Designated Grant	\$1,500
1873	HealthConnect One	954 West Washington Boulevard, Box 36, Fourth Floor Chicago, IL 60607	The Message and Messenger Initiative: Umbilical Cord Blood Donation	\$10,000
1874a	Illinois Hospital Research and Educational Foundation	1151 East Warrenville Road Naperville, IL 60540	2009 IHA Patient Safety Collaborative "Stop Blood Stream Infections"	\$15,000
1876	St. Bernard Hospital and Health Care Center	326 W. 64th Street Chicago, IL 60621	Dental Center, St. Bernard Hospital and Health Care Center	\$15,000
1877	Clearbrook	1835 W. Central Rd. Arlington Heights, Illinois 60005	Clearbook's Residential Transitions Initiative: Adapting and enhancing existing residential settings to support adults with developmental disabilities	\$19,807

			and physical disabilities.	
1881a	Cambodian Association of Illinois	2831 W. Lawrence Ave. Chicago, IL 60625	The Khmer Wellness Project	\$20,441
1883	Lambs Farm	14245 W. Rockland Road Libertyville, IL 60048	Therapeutic Exercise Program	\$14,550
1884	Community Counseling Centers of Chicago	4740 N. Clark Chicago, IL 60640	Mental Health First Aid for the LBGTQ Community: A Collaboration Between Community Counseling Centers of Chicago (C4) and Center on Halsted	\$14,200
1889	White Crane Wellness Center	1355 W. Foster Chicago, IL 60640	White Crane Wellness Center's Health Outreach Initiative for At-Risk, Low- Income, Minority, Immigrant, and Refugee Older Adults	\$12,500
1891	Erie Family Health Center	1701 W. Superior St. Chicago, IL 60622	Healthy Women Pre- Diabetes Program	\$6,942
1894	Association of Small Foundations	4905 Del Ray Ave Suite 308 Bethesda, MD 20814	Foundation Designated Grant	\$2,500
1895	Advocate Charitable Foundation	205 West Touhy Park Ridge, IL 60068	Dr. Angelo P. Creticos' Board of Director Grant to the Anastasia M. Creticos Memorial Fund in support of the Creticos Cancer Center	\$1,500
1896	Advocate Illinois Masonic Medical Center	836 West Wellington Avenue Chicago, IL 60657-5193	Dr. Angelo P. Creticos' Board of Director Grant to the Angelo P. Creticos, MD Visiting Professorship of the Department of Medicine Fund	\$1,500
1897	Howard Brown Health Center	4025 N. Sheridan Rd.	Mr. Bill Wiley's Board of Director Grant	\$3,000

		Chicago, IL 60613		
1898	Zacharias Sexual Abuse Center	4275 Old Grand Avenue Gurnee, IL 60031	Mr. William B. Friedeman's Board of Director Grant	\$500
1899	La Rabida Children's Center	East 65th Street at Lake Michigan Chicago, IL 60649	Mr. James M. Snyder's Board of Director Grant	\$1,500
1900	Aunt Martha's Youth Service Center	233 W Joe Orr Road Chicago Heights, IL 60411	Mr. James M. Snyder's Board of Director Grant	\$1,500
1901	Salvation Army	PO Box 6627 140 16th Street Wheeling, WV 26003	Special Designated Grant in Memory of Dr. Patterson's Beloved Mother, Sara.	\$3,000
1902	Team Spirit Institute	741 Heatherdown Way Buffalo Grove, IL 60089	Howard Nochumson's Board of Director Grant to Team Spirit Institute	\$1,000
1903	Rush University Medical Center	1700 West Van Buren Suite 250 Chicago, IL 60612	Mr. William B. Friedeman's Board of Director Grant for the Women's Board Heart and Vascular Center	\$1,000
1904	CommunityHealth,NFP	2611 West Chicago Avenue Chicago, IL 60622	Mr. Howard M. McCue III's Board Officer Grant	\$1,500
1905	Chicago Children's Advocacy Center	1240 S Damen Ave Chicago, IL 60608	Mr. Howard M. McCue's Board Officer Grant	\$1,500
1906	Advocate Illinois Masonic Medical Center	836 West Wellington Avenue Chicago, IL 60657-5193	Mr. Nochumson's Board of Director Grant to the Eye Center.	\$500
1907	University of Illinois Foundation	1305 West Greene Street Harker Hall Urbana, IL 61801	Mr. John C. York's Board of Director Grant to the Chicago Diabetes Project	\$3,000

1908	University of Illinois Foundation	1305 West Greene Street Harker Hall Urbana, IL 61801	Mrs. Sunny A. Wirtz's Board of Director Grant to the Chicago Diabetes Project	\$3,000
1909	Advocate Illinois Masonic Medical Center	836 West Wellington Avenue Chicago, IL 60657-5193	Dr. Richard B. Patterson's Board of Director Grant to the Angelo P. Creticos, MD Cancer Center Fund.	\$1,000
1910	Gilda's Club Chicago	537 N Wells Chicago, IL 60610	Gilda's Club Chicago/IOM Report Meeting	\$2,000

Total Grants \$480,817

Returned Grant (Grant #1656 to Hektoen) \$\\\\$35,000\$

Total Grants & PRI for FY08-09 \$445,817

# Grant Application Check List



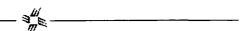
The intent of this check list is not to remove the necessity of reading the General and Specific Grant making Guidelines, and completing the Grant Application in it's entirety, but to highlight the most common omissions.

They are as follows

- Failure to provide four copies of the completed and signed application, with all attachments.
- 2 Not having the application signed by the appropriate organization official-President or CEO. Not having a budget of the project for each year of funding requested (up to three), detailing amounts requested, with appropriate justification and if part of a larger project, the budget for the entire project, including projected expenditures and revenue
- 3 A completed and most recent completed Audit and notes and opinion, including management letter, if available, and/or Financial Statement. Completed and up to date copy of "Principles for Community Health Care," one copy to also to be on file with the Donors Forum of Chicago. See Pages 2 through 6 under General Guidelines, especially pages 4 and 5 for the format for the report. Be sure to provide the statistical information requested under item 4.
- Be sure to identify the type of project you are requesting funds for and complete all required information

Section A -- Program Support Section B -- Research Support Section C -- Equipment Only

- 5 If a project is both program and research, all questions requested must be answered, however, be sure to note the IRB requirement, under Research Support.
- 6. If your project involves equipment, and is either a program and/or research request you must complete the **required equipment questions**. You should be aware that, if your request is funded, that funds will not be disbursed until we receive purchase orders or requisitions for all equipment requested, with delivery dates of with in three months of the date of the award announcement letter
- 7. Finally, if you are using the Donors Forum Common Application it is your responsibility to **provide all missing information requested** by the regular Washington Square Application.
- 8 Grant submission deadlines (application must be received in the Foundation office) are as follows **December 1**, **for the January\February** Grant Committee Meeting or **June 1 for the July\ August** Grant Committee meeting



## General Guidelines

The Washington Square Health Foundation grant making process is conducted by the Board of Directors in an impartial manner based upon an evaluation of each project request Therefore, solicitation of individual members of the Washington Square Health Foundation, Inc. Board of Directors by potential recipients for specific Washington Square Health Foundation, Inc. grant requests is discouraged.



Priorities for funding will vary from time to time. Even though a project meets established criteria, it may not be adopted because of limited funds or other priorities.

Washington Square Health Foundation, Inc. Grants do not merely provide funds to an existing project, however worthy. They must be designed to provide significant health related benefits. Projects must have the support of appropriate organizations and/or governmental units and in the community where the project is to be carried out. To be eligible for consideration, projects must be efforts involving a not for profit tax exempt 501(C3) organization or association as sponsor. The grant request must be submitted by an organization exempt from income tax under sec. 501 (c)(3), and designated as a public charity under section 509(a)(1) or 509(a)(2), of the Internal Revenue Code. Washington Square Health Foundation does not provide grants to section 509(a)(3) "supporting organizations." Your most recent IRS Determination Letter should state your status as a 501(c)(3) organization with a 509(a)(1) or 509(a)(2) designation.

The following criteria have been established by the Board of Directors of the Washington Square Health Foundation.

- Specific Grant Making Guidelines
- Principles for Community Health Care
- Overview
- · Format for Community Health Care Report
- Additional Grant Making Policies and Guidelines
- Guidelines for funding HIV/AIDS Projects

### Specific Grant Making Guidelines

The grant / project must:

- be applicable to one of the following categories: Health Services, Medical Research, or Medical Education. (see fundable grants)
- reasonably ensure continued support after involvement by the Washington Square Health Foundation is discontinued
- 3 not involve liability to the Washington Square Health Foundation except to provide the amount of the grant.
- 4. involve active participation by the sponsor which must be a not for profit tax exempt 501(C3) organization, institution, or association.
- 5 demonstrably benefit others beyond the individual organization recipient of the grant.
- 6. not benefit a Washington Square Health Foundation Director; an employee of Washington Square Health Foundation; or a spouse, a lineal descendant (child or grandchild by blood or any legally adopted child), a spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any living Washington Square Health Foundation Director or Washington Square Health Foundation employee
- 7 not duplicate any existing Foundation grant
- 8 not involve the purchase of land or the payment of general administration costs for the sponsoring organization
- not involve the establishment of a permanent foundation or trust or a permanent interest-bearing account, or involve support for the general operating costs of any organization
- 10 not involve any of the following
  - · carrying on propaganda or otherwise attempt to influence legislation

- restrict the services or facilities or employment provided by the grant to individuals based on race, creed, color, sex or national origin.
- 11 not involve construction or capital fund raising campaigns
- 12 ,if a direct health care service project be located in the Chicago Metropolitan area or impact or be "linked" to the Chicago Metropolitan Area
- 13 have an up-to-date annual community healthcare report for the Principles for Community Health Care on file with the Donors Forum (see below) Until these forms are available on the Donors Forum website, a copy should be included with the grant application.

## Principles for Community Health Care

Representatives from Chicago area foundations, with input from public health, hospital, payer and community based health care organizations, have developed *Principles for Community Health Care* These principles reinforce the value placed by the philanthropic community on activities to increase access to health care among at-risk populations and expand capacity to address important health care needs. They will offer grant makers a consistent approach to assessing the commitment of potential grantees to these community health goals. The criteria are included to clarify the meaning of each broad principle.

- 1 Provides service to high risk, underserved and/or disadvantaged in the community. \*Criteria - Demonstration that the organization has
  - Collected assessment data about the health care needs of high risk, underserved and/or disadvantaged populations in service area.
  - Implemented targeted activities to increase the accessibility of health care services to one of more high risk, underserved and/or disadvantaged populations
  - Designed and implemented with community involvement new or expanded services to address the health care needs of one or more high risk, underserved and/or disadvantaged populations
  - Identified opportunities to increase assets of high risk, underserved and/or
    disadvantaged communities such as by employing community members as
    staff in health programs, locating health service delivery sites in the
    community, negotiating purchasing contracts with local businesses for health
    service-related products
- Establishes decision making links with high-risk, underserved and/or disadvantaged communities.

Criteria - Demonstration that the organization has

- Implemented a process to gather input from community leaders representing one or more high risk, underserved and/or disadvantaged populations.
- Developed formal mechanisms to include community leaders in decision making roles such as through advisory committees, board representation, or other means.
- 3 Partners with relevant providers and other community based organizations. Criteria - Demonstration that the organization has
  - Partnered with a wide variety of others including competitors and community based organizations to provide services effectively and efficiently to high risk, underserved and/or disadvantaged populations
  - Developed linkages with other related programs to promote continuity of care
- Utilizes a community-oriented approach program development.
   Criteria Demonstration that the organization has incorporated the following dimensions into program development for high-risk, underserved and/or disadvantaged population
  - Documentation of need from multiple perspectives including target population.
  - Involvement of clients in program decision making and implementation.

- Partnerships with other relevant providers and community organizations.
- Incorporation of continuous quality improvement processes to identify/resolve problems and monitor outcomes
- Inclusion of actions to promote financial sustainability of program

### Overview

The Principle for Community Health Care are NOT specific to an individual grant but will provide background information to complement a general organizational profile.

### **Important Notes**

- 1 Each health care organization applying for grant funds to a Chicago area foundation should complete the narrative report as described on page 2. The actual principles and criteria follow on page 3. The report should be submitted to the Donors Forum of Chicago. Copies of the form may also be included with specific grant applications as an extension of the organizational background section. The information should be updated once a year.
- Grantmakers recognize the diversity of organizations that provide health services.The principles will be applied flexibly, taking these differences into consideration
- 3. Each grantmaker will use the information provided within the context of their own grantmaking process and priorities
- 4 The terms *high-risk*, *underserved*, *and disadvantaged* are not defined more precisely because these target populations will vary greatly by community and organization.

### Resources

- Call or write each potential donor to obtain a copy of its funding guidelines and/or annual report.
- There are many resources that may be helpful to you in addressing these principles such as

Grantmakers in Health - www gih.org

Coalition for Healthier Cities and Communities - www healthycommunities org A Workbook on Community Accountability

St Louis, MO The Catholic Health Association of the United States, 1995.

Building Communities from the Inside Out

(JP Kretzmann and JL McKnight) Evanston, IL

Center for Urban Affairs and Policy Research, Northwestern University, 1993.

### Format for Community Health Care Report

To provide potential funders with information about how your organization is addressing the principles and associated criteria, please answer the following questions in three to five pages (single space, 12 point type or larger, 1 inch margins) and submit to the Donors Forum of Chicago. This information should be updated once a year

NAME OF ORGANIZATION CONTACT ADDRESS PHONE/E-MAIL MISSION OF THE ORGANIZATION

- 1 Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services
- 2. Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for program or service development
- 3 Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations
- 4 Provide two examples of how you have used the community-oriented approach to

program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantage'd populations specified in the guidelines Include in each description components of the current program and the following quantitative information for the most recent year available.

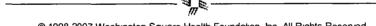
- · Number of clients served
- Total amount budgeted by your organization for the program
- Percent that program budget is of total agency budget
- Percent of program budget that is directly reimbursed by third party payers
- Percent of program budget that is covered by public/private grants

Submit this information to:

Donors Forum of Chicago Director, Member Services 208 S. LaSalle Street, Suite 1540 Chicago, IL 60604

# Additional Grant Making Policies and Guidelines

- If your grant request includes new medical/healthcare equipment, please investigate whether reconditioned and/or used equipment can be substituted
- WASHINGTON SQUARE HEALTH FOUNDATION, INC. FUNDS MAY NOT BE USED TO PAY FOR ANY OPERATING AND/OR ADMINISTRATIVE EXPENSES INCLUDING BUT NOT LIMITED TO FRINGE BENEFITS, OFFICE FURNITURE AND COMPUTER EQUIPMENT UTILIZED FOR ADMINISTRATIVE RECORD KEEPING, ETC
- Hurricane Katrina Disaster Capacity Health Care Grant Guidelines
- Guidelines for funding HIV/AIDS Projects



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# General Guidelines

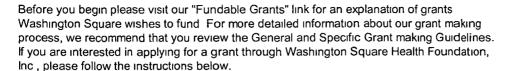
## Guidelines for Funding HIV & AIDS Projects

The following guidelines should be used as a way to focus grant funding on areas where the foundation can have a significant impact given the changing face of the epidemic, the multiple providers and funders involved, and the broad range of needs. These guidelines represent overall priorities for funding, not absolute rules about what can and cannot be funded. Extraordinary circumstances and/or an extraordinary grant proposal, for example, might result in funding a non-priority activity. The guidelines should be reexamined on an annual basis to assess their match with current needs.

- 1 New funding should address the needs of high risk and underserved populations where current HIV/AIDS transmission is concentrated. These include women, adolescents, undocumented immigrants, and men of color who have sex with men. Program strategies to address these priority populations should represent interventions that are accessible, acceptable and effective within these cultures. Applicant organizations should demonstrate that they have experience working with these populations and legitimacy within the high risk communities.
- 2. Projects requesting funding for direct health care should be considered, especially for the priority populations described above. Direct health care includes primary medical care, home care, hospice care in residences, mental health services, nutritional care, dentistry, day health care, and ancillary health care services such as physical therapy. Case management services should not be a priority, first because of the support of these services by the AIDs Foundation, and second because of the lack of consensus about their scope. "M D.
- 3 Priority should be given to projects that increase the availability of specialty HIV/AIDS health care through primary care networks. This can increase the cost-effectiveness of care overall and accessibility by those who are unlikely to utilize AIDs-specific agencies or services or through a greater integration of neighborhood clinics with primary care networks.
- 4 Projects requesting funding for supportive services such as peer support should be considered, especially for the priority populations. Homemaker and transportation services are not a priority.
- Volunteer programs should be funded only on a limited basis and only when they meet one or more of the following criteria
  - represent consolidation of volunteer services across agencies
  - demonstrate cost-effective delivery of care including adequate recruitment and retention of volunteers
  - serve a priority population
  - · demonstrate an innovative use of volunteers
  - provide material support such as food for a food pantry within an already existing program
- Projects with alternative therapies should be considered only if they have a strong research/evaluation component that could produce evidence of impact on health status and/or quality of life outcomes.
- 7 The following types of projects are not recommended for current funding consideration
  - Clinical and biomedical research regarding HIV/AIDs because of the availability of federal and pharmaceutical funding
  - Prevention programs because of the availability of state, local and other foundation funding
  - Health services research/policy questions such as HIV/AIDS within managed care because of national projects already underway in this area
  - Medication coverage for patients because of the enormous cost per patient (\$9-12,000 per year)
- 8 All projects should have clearly stated and measurable objectives for which monitoring data can be collected over the course of the project regarding attainment of these objectives.



# How to Apply





### 1 Provide General Information About Your Project

Anyone applying for a grant must provide the information requested in the form below.

○ Grant Application Form 😈

You can fill out this form online and save it to your computer's hard drive or you can simply save the blank form, complete it off line and print it out.

### 2. Prepare a Brief Project Proposal

Identify the type of project for which you are seeking support by reading the descriptions below. Then, depending on the type of project, a series of questions must be answered that will guide you in the preparation of a brief project proposal. If a project is both program and research all questions requested for both types of projects must be answered. If your project involves equipment, and is either a program and/or research request, you must complete the required equipment questions as well.

### O Program Support

These proposals are to support a broad range of NEW program initiatives including (but not limited to) a new health education program, a new type of health care delivery system, a new treatment program, a new medical education program, an institutional change such as a new Emergency Department triage system, a new use of computer technology such as for clinician training or evaluation, or a new health service such as a dental clinic within a community health center. These projects are often being done as pilots or as initial phases of larger projects.

If your project matches this description, please answer all the questions in **Section A** 

#### Research Support

These proposals are for support of research activities—usually clinical research, health services research or health education program evaluation. All proposals seeking funding for equipment that will be used in a research project should be submitted as this type of project.

If your project matches this description, please answer all the questions in **Section B**.

### Equipment Only

These proposals are generally for specific pieces of patient care-related equipment such as a neonatal transport unit, a dental x-ray machine, or specialized surgical or laboratory equipment. There are several exclusions.

- Requests for resources to purchase computer equipment or information systems should be submitted as a program support or research support grant as appropriate. The Foundation does not provide funding for computers to be used for administrative/operating purposes.
- All requests for equipment that will be used in a research project should be submitted as a research support grant.

If your project matches this description, please answer all the questions in Section C.

## 3 Complete the Budget Form

Anyone applying for a grant, must complete the following form:

# ○ Budget Form

You can fill out this form online and save it to your computer's hard drive or you can simply save the blank form, complete it off line and print it out.

## 4. Attach Appropriate Documentation

Do not forget to attach a copy of the most recent annual report, audited financial statement and official documents certifying the not-for-profit status (IRS 501(c)(3) determination letter) of the sponsoring organization, association or institution.

For Research Support grants, IRB approval, if required, must also be submitted to the Foundation office with the completed application.

# 5 Verify Application is Complete

To ensure your application materials are complete, please see the **Grant Application Check List** we have provided to highlight some of the most common mistakes or omissions that requestors make

# 6 Submit Application

Please submit four copies of all Grant Request Application materials to Washington Square Health Foundation. Be prepared to provide additional copies as needed

Grant submission deadlines (application must be received in the Foundation office) are as follows. **December 1, for the January\February** Grant Committee Meeting or **June 1 for the July\ August** Grant Committee meeting.



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# WASHINGTON SQUARE HEALTH FOUNDATION, INC.

### **GRANT APPLICATION**

1.	Title of project:		
2.	Location of proposed project: Street. City:	: State <sup>.</sup>	Zıp Code:
3.	Name/address of organization Name: Street: City:	n responsible for proj State Zip C	
4.	Mission of organization: (may	•	
5.	Name/address of contact personame: Street City: Office Phone: Email:	son: State: Home Phone:	Zip code:
6.	Name/address of person resp Name: Street: City: Office Phone: Email.	oonsible for project: State: Home Phone	Zıp code: :
7.	Concise description of project	:t:	
8.	Expected duration of project: Start Date:	Completion D	ate:
9. (	Contribution Information:	Total requestored Total from other Grand Total	ed from WSHF: \$ ner sources: \$ \$
Da	te Signature	of President or CEO	Title



# WASHINGTON SQUARE HEALTH FOUNDATION, INC.

	10. How will the funds for this project be administered and who will direct/monitor the project?
	11. What other groups or organizations are cooperating in the project or contributing to it? What is the nature of their cooperation or the extent of their anticipated contribution? (If commitment letters of agreement are required, please attach.)
	12. How will the project be continued after support from The Washington Square Health Foundation? Be specific.
	13. What is the total population of the target region or community where the project will be carried out?
	How many people are expected to benefit directly or indirectly from the project?
do org ex 50°	ease attach a copy of the most recent annual report, audited financial statement and official cuments certifying the not-for-profit status (IRS 501(c)(3) determination letter) of the sponsoring ganization, association or institution. The grant request must be submitted by an organization empt from income tax under sec. 501 (c)(3), and designated as a public charity under section 9(a)(1) or 509(a)(2), of the Internal Revenue Code. Washington Square Health Foundation does no ovide grants to section 509(a)(3) "supporting organizations." Your most recent IRS Determination tter should state your status as a 501(c)(3) organization with a 509(a)(1) or 509(a)(2) designation.



# WASHINGTON SQUARE HEALTH FOUNDATION, INC.

	BUDGET REQU	IEST		<del></del>
Number of years for which WSHF grant support is requested:		21		
			<u></u> <u>_</u>	
Proposed budget for use of requeste (NOTE: Do not include expenditures to	-			

PERSONNEL - No. & Type	YEAR 1	YEAR 2	YEAR 3	TOTAL
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		<del></del>		<del></del>
Total Personnel:				<del></del>
OPERATIONS				<u> </u>
				<del></del>
<del>-</del>				
Total Operations:	]	- ]		
MATERIALS/SUPPLIES (specify)	-			
				<u> </u>
		<del></del>		<u> </u>
				-
Total Materials/Supplies:	_	_	_	_
EQUIPMENT (specify)				
EQUIT WENT (specify)				<del></del>
				<del>-</del>
				<del></del>
Total Equipment:		_		<del></del>
OTHER COSTS (specify)				
				<u> </u>
Total Other Costs:			_	<del>-</del>
GRAND TOTAL WSHF				
GRANT REQUEST.	-	-	- 1	-

**NOTE:** The number in the box at the lower right should match the first line item on question number 9 of the Grant Application

# Grant Application - Section A (Program Support)



Use the following questions to guide you through the preparation of a project brief. The brief should be no more than 10 pages and all questions must be answered. Use the word processing application and format of your choice and attach the brief to the General Application form when submitting the application

- 1 Why is this project being undertaken?
- 2 Have you involved the target population in shaping the goals and activities associated with this project? If so, how? If not, why not?
- 3. How will the project meet identified needs of the target population?
- 4. What are the goal(s) of this project and what are specific measurable objectives? You should have at least one outcome objective as well as process objectives. Please see the examples below of outcome and process objectives. NOTE you will be expected to track these objectives and report on level of attainment over the course of the project.
- 5 How do you plan to track progress toward reaching these objectives.
- 6. What methods wil you use to achieve your objectives?
- 7. Any other information that you think would be important for the Foundation to know about this project.

### SAMPLE GOAL AND OBJECTIVES

Objectives are indicators of achievement that are **measurable** in some way. All objectives should include an indicator statement, a target population, a time frame, and the amount of change expected in the indicator. For example, the number of eye surgeries (*indicator*) among older adults (*target population*) will increase by 50% (*amount of change*) in one year (*time frame*).

Outcome and Process objectives are defined below.

**OUTCOME OBJECTIVES:** Direct results of the program that are stated in terms of performance and not effort. They should described changes in knowledge, attitude, behavior, skill, community capacity, health status or health care utilazation.

**PROCESS OBJECTIVE:** Activities which must be performed in order to accomplish the outcome objectives.

### SAMPLE 1:

**Goal:** To improve the ability of low-income famalies to manage their asthma

### Objectives:

### Outcome

The average number of days of school absence will decrease by 30% among program participants during the first year of the program and/or
Average number of emergency room visits for asthma among program participants will decrease by 50% during the first year of the program. and/or
Ninety percent of parents and

children seen in the asthma clinic will be able to demonstrate correct use of the peak flow meter.

### **Process**

Clinicians will document patient education provided to asthma patients/families during their visits 80% of the time.

and/or
Patient surveys will be administered every six months to 10% of the clinic population.

### SAMPLE 2:

**Goal:** To reduce the use of emergency department for non-emergency conditions

### Objectives:

### Outcome

The number of patient visits to the ER for non-emergency conditions will decrease by 20% during the first year of the program and/or At least 75% of follow-up appoinments in primary care clinics for non-emergent emergency department visits will be kept during the first year of the program. and/or At least 80% of patients seen in pediatric, primary care and internal medicine clinics during the firest six months of the program will be able to describe the Ask-A-Nurse program and options for after-hours care

#### **Process**

Utilization of the Ask-A-Nurse Service will increase by 30% during the first six months of the program.

and/or
The pediatric service will ad 10 additional hours per week of late afternoon, evening and weekend clinic time during the first year of the program



# Grant Application - Section B (Research Support)



Use the following questions to guide you through the preparation of a project brief. The brief should be no more than 10 pages and all questions must be answered. Use the word processing application and format of your choice and attach the brief to the General Application form when submitting the application.

- 1 Why is this project being undertaken? How is this related to previous research interests?
- 2 What is the research question to be addressed? What do you expect to be able to report at the end of the project?
- 3 What is the research design? Please describe the sample size rationale, specific experimental or quasi experimental design, subject enrollment procedures, data collection strategies, analysis plans.
- 4 What are the strengths and weaknesses of your proposed approach especially regarding threats to internal validity and potential problems related to recruitment of subjects?
- 5. How will you track interim progress of the research?
- Have you applied to the IRB for approval of the research process? (NOTE IRB approval, if required, must be submitted to the Foundation office with the completed application)
- 7 How will the results be used? (e.g. to improve care, as a pilot for a larger project?)
- 8 What complementary funding do you plan to secure in order to implement the research project?
- 9 Include curriculum vitae of principal investigators (outside of page limit).



# Grant Application - Section C (Equipment Only)



Use the following questions to guide you through the preparation of a project brief. The brief should be no more than 10 pages and all questions must be answered. Use the word processing application and format of your choice and attach the brief to the General Application form when submitting the application.

- 1 What is the equipment needed? What evidence is there that this equipment will improve patient care/medical education/community health?
- 2. What process did you use to select the specific type/brand of equipment you wish to purchase?
- 3 What are the goal and objectives of the project? You should be specific about who will use this equipment, where it will be installed and how many patients are expected to benefit. Please see the sample goals and objectives below.
  NOTE: you will be expected to track these objectives and report on level of attainment over the course of the project.
- 4 How will staff training needs regarding the new equipment be addressed?
- 5 Will additional staff be necessary for operating the equipment? Where will funds for additional staff and/or maintenance of the equipment be obtained?
- 6 What do you estimate will be the expected useful life of this equipment given usage and changes in technology?
- Any other information that you think would be important for the Foundation to know about this project.

### SAMPLE GOAL AND OBJECTIVES

An objective should be an indicator of achievement that is measurable in some way All objectives should include an indicator statement, a target population, a time frame and the amount of change expected in the indicator. For example, the number of eye surgeries (*indicator*) among older adults (*target population*) will increase by 50% (*amount of change*) in one year (*time frame*).

Below is a sample goal and objectives:

**Goal:** To improve the care of elderly eye surgery patients (specify surgical technique)

### Objectives:

The average surgical time per patient will be reduced by 20% in the first year of equipment use

and/or

The number of eye surgeries performed per year will increase by 50%

and/or

The average amount of nursing time per patient during the post-surgery recovery period will decrease by 50% in the first year of equipment use.

and/or

The number of patient reporting a specific complication will decrease by 50% in the first year of equipment use



i. Name and address of grantee:

Midwest Palliative & Hospice CareCenter 2050 Claire Court Glenview, IL 60025

ii. Date and amount of grant:

Approved January 22, 2004 Funds disbursed July 15, 2004 \$125,000.00

iii. The WSHF #1422 PRI grant of \$125,000.00 was given to Midwest Palliative & Hospice CareCenter to develop a hospice and palliative care center for Chicago's South Suburbs.

During the 2007 calendar year, the Olympia Field's south suburban site of Midwest Palliative & Hospice CareCenter (formerly Palliative CareCenter & Hospice of the North Shore) has continued to implement the objectives outlined in its November 2003 proposal to Washington Square Health Foundation, Inc. ("the Foundation"). Midwest CareCenter has assembled a local interdisciplinary team to deliver professional services in the south suburbs, developed relationships with local hospitals and nursing homes, implemented a community education plan and provided hospice services to patients and grief support to both patient family members and community members.

Through 10/31/2008, the number of people that have benefited to date from this project are:

The Foundation, on July 12, 2007, forgave \$24,000 of PRI principal (Grant #1727fPRI) to provide for additional equipment for the Hospice.

The Foundation, on July 30, 2008, forgave \$24,000 of PRI principal (Grant #1814 fPRI) to provide for additional equipment for the Hospice.

The number of hospice patients who have benefited from the two new beds between 12/16/08 and 12/01/09 is 58.

Ownership of the South Suburban operation was transferred as of 10/1/2008 to Horizon Hospice, also, a 501(c)(3) organization. It has accepted the reporting responsibilities, etc of the PRI.

2009 Horizon Hospice: South Suburbs

150 Hospice Patients25 Continuing to be served in 2010330 pieces of information on bereavement sent

138 condolence calls and cards

135 Post death assessments

544 Counseling sessions

477 clients attended support group, composed of 252 adults and 225 children

In the Hospice Kids: How Care Program:

1000 students participated and an increase in hours from 2,900 to 3,300

- iv. The grantee received the entire PRI of \$125,000.00 on July 15, 2004 and expended all on costs associated with establishment of the "Center" as identified in item iii above.
- v. Based upon the knowledge of the grantor, none of the grant funds have been diverted from the purpose of the grant.
- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

Numerous phone calls regarding the progress of the project over the course of the year.

May 13, 2005 - Report
January 3, 2006 - Report
January 4, 2007 - Report
December 21, 2007 - Report
January 14, 2009 - Report
September 30, 2009 - Report

February 2, 2010 - Phone Call with Midwest Palliative CareCenter

February 2, 2010 - Phone Call with Horizon Hospice

i. Name and address of grantee:

The Family Institute 618 Library Place Evanston, Illinois 60201

ii. Date and amount of grant:

January 22, 2004 \$10,460.00

iii. This #1428 PRI grant was made to support the installation of power-assisted doors at The Family Institute's main entryway. The installation of the power-assisted doors has improved access for current clients with limited mobility and will improve access for future clients with limited mobility as well. The Family Institute serves a wide-range of individuals through its clinical programs and strives to accommodate anyone who is physically challenged. With the recent implementation of a Program for Maturing Adults (targeting adults over the age of 55), The Institute foresees an increased number of clients with limited mobility.

9-1-2008 – 9-1-2009: 370 estimated individuals 55 years or older, or 13% of case load, for that period utilized the power assisted doors.

- iv. The grantee received the entire PRI of \$10,460.00 on April 16, 2004 and expended all on costs associated with the installation of power-assisted doors at the main entryway, plus (approved budget revision) 6 motion activated towel dispensers in the women's and men's restrooms, as well as three wheelchair accessible changing tables.
- v. Based upon the knowledge of the grantor, none of the grant funds have been diverted from the purpose of the grant.
- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

May 2005 - Report

May 2005 - Phone calls with Dan Dever

January 2006 - Report

January 11, 2006 - Phone call with Dan Dever

January 2007 - Phone calls with Rebecca Hoffman

January 12, 2007 - Report January 21-22, 2008 - Report January 22, 2009 - Report January 20, 2010 - Report

i. Name and address of grantee:

New Address: Center for Speech and Language Disorders 606 N. Michigan Avenue Elmhurst, IL 60126

Old Address: 195 West Spangler, Suite B Elmhurst, IL 60126

ii. Date and amount of grant:

September 1, 2004 Award Letter \$120,000 Amount/Date 9/21/04 Grant #1490 PRI

August 17, 2005 Deferred second principal payment only for one year to fund a "fund raising consultant" plus printing and meeting costs to help create additional cash flow for the center.

At the August 2005 Board Meeting the Foundation voted to defer \$20,000 of the second year payment principal. Grant #1550 RPRIPS.

iii. The WSHF #1490 PRI grant was made to alleviate the cash flow crisis that The Center for Speech and Language Disorders was experiencing. This program support "cash flow" loan in the amount of \$120,000 would serve as general operating funds and help bring the organization to recovery.

In August 2005, #1550 RPRIPS (Revised Program Related Investment Schedule) grant was approved to delay a \$20,000 payment of principal to help CSLD to achieve their objective of funding the first year of a fundraising consultant for 20 hours per month and associated printing and meeting costs.

Unfortunately, no grant funds received from application.

The Center for Speech and Language Disorders in 2008 provided over 200 "free speech and language screenings" to children under 3.

Clinical staff presented both at the National Convention of Speech Pathologists and National Convention on Autism.

Sponsored several "free parent support" meeting.

In October, the Center for Speech and Language Disorders presented the 24<sup>th</sup> annual conference on The Language Disordered Child for professionals and parents.

- iv. The grantee received the entire PRI of \$120,000 on September 21, 2004 and the deferred amount (\$20,000) in August 2005. The clinic expended the total amount which was used to support working cash operational need (cash flow) and forgiven payment to hire fund raising consultant.
- v. Based upon the knowledge of the grantor, none of the grant funds or deferred funds have been diverted from the purpose of the grant.
- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

December 20, 2004 -Report March 22, 2005 - Report

May 12, 2005 - Report (Loan Update)

July 26, 2005 - Report

September 12, 2005 - Report (Grant No. 1550 RPRIPS)

December 12, 2006 - Loan Update and Report (Grant No. 1550 RPRIPS)

October 2, 2007 - Loan Update

October 30, 2007 - Bank letter

November 5, 2007 - Letter

December 12, 2007 - Site Visit to CSLD

December 20, 2007 - Bank Statement of Escrow Account

January 8, 2008 - New repayment plan request submitted

Numerous phone calls over the course of the year.

January 25, 2009 - Report

Numerous phone calls between January and May 2009 to plan fund raiser.

January 10, 2010 - Report

On October 15, 2007, The Center for Speech and Language Disorders paid the interest (\$4,914.15 and principal \$1,085.85) for the second loan payment and requested an extension of the loan payment (principal) to January 2008, because a key therapist had resigned from full time therapy, thereby reducing The Center's cash flow.

The Center made some progress in becoming financially solvent by reducing this year's deficit from \$43,201 to \$19,615. The Center lost some \$45,090 on disposition due to a move build out and moving expense of \$7,130. The move was designed to reduce rent expenditures. Thus, the Center would have had an operating profit of \$32,650, with \$31,679 of financial aid actually expended.

The Foundation received \$15,000 of additional principal on January 10, 2008.

The Foundation re-structured, in July 2008, the remaining loan balance to provide an additional five year loan repayment schedule. The Center is current on their payments under the re-structured loan schedule.

The Foundation forgave \$15,000 (#1864fPRI) of principal on February 11, 2009 to underwrite the Center for Speech and Language Disorder's May 30, 2009 30th Anniversary dinner/dance fund raiser.

Payments received under the previous re-payment plan in 2009 were:

\$6,000.00 on January 29, 2009 \$3,000.00 on February 2, 2009 \$3,000.00 on February 10, 2009

Payment received under the new re-payment plan to date: \$3,117.00 on November 9, 2009

<u>2009 Service</u>: The Center for Speech and Language Disorders provided therapy for 336 children and their families. 200+ free speech and language screenings.

i. Name and address of grantee:

Family Christian Health Center 31 West 155<sup>th</sup> Street Harvey, IL 60426

ii. Date and amount of grant:

May 23, 2006 Award Letter \$300,000 Amount/Date 6/30/06

iii. The WSHF #1635 PRI grant was made to stabilize the operating budget –. Usage January 1, 2009 – December 31, 2009 are as follows:

Medical Patients 25,740 Medical Visits 82,368

- iv. The grantee received the entire PRI of \$300,000, Merrill Lynch check no. 7698, and used same to stabilize the operating budget.
- v. Based upon the knowledge of the grantor, none of the grant funds have been diverted from the purpose of the grant. (See usage iii above)
- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

Final Report January 11, 2008

Email January 14, 2008

Report January 22, 2009

Report January 20, 2009

i. Name and address of grantee:

Clearbrook 1835 W. Central Rd. Arlington Heights, IL 60005

ii. Date and amount of grant:

July 12, 2007 \$125,000.00

- iii. This #1721 PRI grant was made to Clearbrook for completion of the installation of fire suppression systems (sprinklers) in eight CILA residences as required by the Illinois State Fire Marshal.
- iv. The grantee received the entire PRI of \$125,000.00, Merrill Lynch check no. 8085, and used same to help fund the installation of fire suppression systems in 7 CILA residences. (One CILA was sold prior to installation).
- v. Based upon the knowledge of the grantor, none of the grant funds have been diverted from the purpose of the grant.
- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

Discussion lunch meetings with Carl LaMell
(President of Clearbrook)

- May 4, 2009
September 21, 2009

First re-payment received

- October 15, 2008

Report

- January 24, 2010

i. Name and address of grantee:

Thresholds 4101 N. Ravenswood Ave. Chicago, IL 60613

ii. Date and amount of grant:

July 12, 2007 \$150,000.00

iii. This #1731 PRI grant was made to Thresholds for the renovation of an area located on the first floor of the Young Adult Building. This space was used for the Integrated Health Project Clinic. The space was built to ADA and JCAHO standards, and contains a reception area, a waiting room, a bathroom, a lab and 2-3 exam rooms.

7/1/2008 - 6/30/2009: 500+ clients and over 4,000 patient/client visits.

- iv. The grantee received the entire PRI of \$150,000.00 and expended all on costs associated with the build out of the Integrated Health Project Clinic
- v. Based upon the knowledge of the grantor, none of the grant funds have been diverted from the purpose of the grant.
- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

May 2009

- Site Visit

October 1, 2008

- First Payment Received

January 20, 2010

- Report

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INC						1, 1	Date	Date sold
					T. C	Ď	acquired	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	П	Gain or	
xpenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs		or (loss)	
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		MERRILL LYNC	Н			P	VAR	VAR
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94,144.		488,978.					5,166.	
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