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Form **990-PF**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

2011

For calendar year 2011 or tax year beginning

10/01, 2011, and ending

09/30, 2012

Name of foundation WASHINGTON SQUARE HEALTH FOUNDATION, INC.		A Employer identification number 36-1210140						
Number and street (or P O box number if mail is not delivered to street address) 875 NORTH MICHIGAN AVENUE	Room/suite 3516	B Telephone number (see instructions) (312) 664-6488						
City or town, state, and ZIP code CHICAGO, IL 60611		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 19,182,349.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)								

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	5,669.			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	268,363.	307,228.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	95,536.			
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		693,671.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)		14,293.		ATCH 1
12 Total. Add lines 1 through 11	369,568.	1,015,192.	0	
13 Compensation of officers, directors, trustees, etc.	327,341.	32,734.		294,607.
14 Other employee salaries and wages	7,859.	786.		7,073.
15 Pension plans, employee benefits	101,936.	10,194.		91,742.
16a Legal fees (attach schedule)	2,584.	258.		2,326.
b Accounting fees (attach schedule)	35,079.	3,508.		31,571.
c Other professional fees (attach schedule) *	80,946.	8,095.		72,851.
17 Interest				
18 Taxes (attach schedule) (see instructions) **	34,060.	2,455.		21,654.
19 Depreciation (attach schedule) and depletion	4,578.	458.		
20 Occupancy	51,325.	5,133.		46,192.
21 Travel, conferences, and meetings	8,148.	815.		7,333.
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 4	113,753.	79,850.		102,378.
24 Total operating and administrative expenses. Add lines 13 through 23	767,609.	144,286.		677,727.
25 Contributions, gifts, grants paid	482,601.			482,601.
26 Total expenses and disbursements. Add lines 24 and 25	1,250,210.	144,286.	0	1,160,328.
27 Subtract line 26 from line 12	-880,642.			
a Excess of revenue over expenses and disbursements . .		870,906.		
b Net investment income (if negative, enter -0-)				
c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

*ATCH 2 JSA ** ATCH 3

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		1,701,749.	426,044.	426,044.
	2	Savings and temporary cash investments		1,395,033.	825,451.	825,451.
	3	Accounts receivable				
		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 disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		24,720.	17,581.	17,581.
	10 a	Investments - U S and state government obligations (attach schedule), **		759,788.	735,069.	735,069.
	b	Investments - corporate stock (attach schedule) ATCH 6		10,625,121.	12,576,958.	12,576,958.
	c	Investments - corporate bonds (attach schedule) ATCH 7		1,542,000.	565,280.	565,280.
	Liabilities	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
12		Investments - mortgage loans				
13		Investments - other (attach schedule) ATCH 8		1,701,236.	2,643,625.	2,643,625.
14		Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)		36,984.	21,363.	17,816.
15		Other assets (describe ATCH 9)		805,662.	1,374,525.	1,374,525.
16		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		18,576,672.	19,182,349.	19,182,349.
17		Accounts payable and accrued expenses		33,362.	32,726.	
18		Grants payable				
19		Deferred revenue				
20		Loans from officers, directors, trustees, and other disqualified persons				
Net Assets or Fund Balances	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ATCH 10)		607,053.	185,403.	
	23	Total liabilities (add lines 17 through 22)		640,415.	218,129.	
	24	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
Net Assets or Fund Balances	25	Unrestricted		17,936,257.	18,964,220.	
	26	Temporarily restricted				
	27	Permanently restricted				
	28	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	29	Capital stock, trust principal, or current funds				
	30	Paid-in or capital surplus, or land, bldg, and equipment fund				
	31	Retained earnings, accumulated income, endowment, or other funds				
32	Total net assets or fund balances (see instructions)		17,936,257.	18,964,220.		
33	Total liabilities and net assets/fund balances (see instructions)		18,576,672.	19,182,349.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	17,936,257.
2	Enter amount from Part I, line 27a	2	-880,642.
3	Other increases not included in line 2 (itemize) ATTACHMENT 11	3	1,971,945.
4	Add lines 1, 2, and 3	4	19,027,560.
5	Decreases not included in line 2 (itemize) ATTACHMENT 12	5	63,340.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	18,964,220.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	693,671.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	0	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	1,320,953.	20,403,914.	0.064740
2009	1,295,265.	19,178,165.	0.067539
2008	1,254,709.	17,382,277.	0.072183
2007	1,419,327.	21,373,649.	0.066405
2006	1,795,283.	25,782,349.	0.069632
2 Total of line 1, column (d)			2 0.340499
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.068100
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 19,066,141.
5 Multiply line 4 by line 3			5 1,298,404.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 8,709.
7 Add lines 5 and 6			7 1,307,113.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			8 1,460,328.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		1	8,709.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c 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		3	8,709.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	8,709.
6 Credits/Payments			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	23,174.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	23,174.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	14,465.	
11 Enter the amount of line 10 to be Credited to 2012 estimated tax <input type="checkbox"/> 9,000. Refunded <input type="checkbox"/>	11	5,465.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		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)? 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		X
c Did the foundation file Form 1120-POL for this year?		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IL,		
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	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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address WWW.WSHF.ORG				
14	The books are in care of HOWARD NOCHUMSON Telephone no 312-664-6488 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	15		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country				

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b 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 instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here		
c 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 2011?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2011?	4b	X

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ 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 ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ Nob If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 13		879,868.	127,138.	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

Total number of other employees paid over \$50,000 ☐ 0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 FAMILY CHRISTIAN HEALTH CENTER	
	300,000.
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	
	300,000.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	18,196,256.
b	Average of monthly cash balances	1b	1,093,627.
c	Fair market value of all other assets (see instructions)	1c	66,605.
d	Total (add lines 1a, b, and c)	1d	19,356,488.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	19,356,488.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	290,347.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,066,141.
6	Minimum investment return. Enter 5% of line 5	6	953,307.

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

1	Minimum investment return from Part X, line 6	1	953,307.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	8,709.
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	8,709.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	944,598.
4	Recoveries of amounts treated as qualifying distributions	4	92,424.
5	Add lines 3 and 4	5	1,037,022.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,037,022.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,160,328.
b	Program-related investments - total from Part IX-B	1b	300,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,460,328.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	8,709.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,451,619.

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

Form 990-PF (2011)

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				1,037,022.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20 09, 20 08, 20 07				
3 Excess distributions carryover, if any, to 2011				
a From 2006	299,990.			
b From 2007	289,834.			
c From 2008	265,153.			
d From 2009	337,479.			
e From 2010	131,153.			
f Total of lines 3a through e	1,323,609.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$	1,460,328.			
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				1,037,022.
e Remaining amount distributed out of corpus	423,306.			
5 Excess distributions carryover applied to 2011. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,746,915.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c 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 instructions				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	299,990.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,446,925.			
10 Analysis of line 9				
a Excess from 2007	289,834.			
b Excess from 2008	265,153.			
c Excess from 2009	337,479.			
d Excess from 2010	131,153.			
e Excess from 2011	423,306.			

Form 990-PF (2011)

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NOT APPLICABLE

4942(1)(3) or	4942(1)(5)
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4942(1)(3) or	4942(1)(5)
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Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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				482,601.
Total				3a 482,601.
b Approved for future payment NONE				
Total				3b

Enter gross amounts unless otherwise indicated

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

Form 990-PF (2011)

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
19,854.		BLACKROCK GLOBAL ALLOCATION FD PROPERTY TYPE: SECURITIES				P	VAR 19,854.	12/20/2011
289.		CREDIT SUISSE COMMODITY RETURN PROPERTY TYPE: SECURITIES				P	VAR 289.	12/19/2011
300,000.		BLACKROCK GLOBAL ALLOCATION FD PROPERTY TYPE: SECURITIES 292,928.				P	VAR 7,072.	02/23/2012
100,000.		DODGE & COX STK FD COM PROPERTY TYPE: SECURITIES 98,884.				P	VAR 1,116.	02/23/2012
300,000.		DODGE & COX STK FD COM PROPERTY TYPE: SECURITIES 294,784.				P	VAR 5,216.	02/28/2012
		LKCM SMALL CAP EQUITY FUND PROPERTY TYPE: SECURITIES 142,721.				P	VAR 57,279.	02/23/2012
200,000.		VANGUARD INFLATION-PROTECTED PROPERTY TYPE: SECURITIES				P	VAR 293.	VAR
246,182.		EAGLE BANK & TRUST CD PROPERTY TYPE: SECURITIES 248,000.				P	VAR -1,818.	02/22/2012
98,000.		BRANCH BANKING & TRUST PROPERTY TYPE: SECURITIES 98,000.				P	VAR	05/21/2012
98,000.		DISCOVER BANK PROPERTY TYPE: SECURITIES 98,000.				P	VAR	05/21/2012
98,000.		JPMORGAN CHASE PROPERTY TYPE: SECURITIES 98,000.				P	VAR	05/22/2012
98,000.		CAPMARK BANK PROPERTY TYPE: SECURITIES 98,000.				P	VAR	05/29/2012

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
146,645.		MORGAN STANLEY PROPERTY TYPE: SECURITIES 151,349.				P	VAR -4,704.	02/22/2012
290,706.		ROYAL BANK OF SCOTLAND PROPERTY TYPE: SECURITIES 300,000.				P	VAR -9,294.	02/22/2012
504,540.		GENERAL ELECTRIC CAP CORP PROPERTY TYPE: SECURITIES 500,000.				P	VAR 4,540.	02/13/2012
108,000.		GENERAL ELECTRIC CAP CORP PROPERTY TYPE: SECURITIES 108,000.				P	VAR	05/15/2012
552,527.		VANGUARD NON QUALIFIED 536,834.					VAR 15,693.	03/31/2012
		GAINS FROM PARTNERSHIP INVESTMENTS PROPERTY TYPE: SECURITIES				P	VAR	VAR
598,135.							598,135.	
TOTAL GAIN(LOSS)							<u>693,671.</u>	

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME
INCOME FROM SCHEDULES K-1		14,293.	
TOTALS		14,293.	

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
CONSULTING FEES	5,287.	529.		4,758.
ADVISORY MANAGEMENT FEES	75,659.	7,566.		68,093.
TOTALS	80,946.	8,095.		72,851.

ATTACHMENT 3

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
FEDERAL EXCISE TAX	10,000.			
PAYROLL TAX	24,060.	2,406.		21,654.
FOREIGN TAXES		49.		
TOTALS	34,060.	2,455.		21,654.

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
INSURANCE	30,310.	3,031.		27,279.
OFFICE SUPPLIES	14,558.	1,456.		13,102.
BOARD EXPENSES	39,225.	3,923.		35,302.
STAFF DEVELOPMENT	14,648.	1,465.		13,183.
DUES AND SUBSCRIPTIONS	6,477.	648.		5,829.
SERVICE CONTRACTS	5,373.	537.		4,836.
DELIVERY EXPENSE	410.	41.		369.
BANK CHARGES	293.	29.		264.
DIABETES PROGRAM MEETING	570.	57.		513.
MISCELLANEOUS	1,889.	188.		1,701.
K-1 PORTFOLIO DEDUCTION		68,475.		
TOTALS	113,753.	79,850.		102,378.

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

U.S GOVERNMENT AGENCY ISSUES

US OBLIGATIONS TOTAL

<u>ATTACHMENT 5</u>		
<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>	
735,069.	735,069.	
<u>735,069.</u>	<u>735,069.</u>	

FORM 990PF, PART II - CORPORATE STOCKATTACHMENT 6

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INTERNATIONAL AND GLOBAL MUTUAL FUNDS	5,453,537.	5,453,537.
DOMESTIC LARGE CAP MUTUAL FUNDS	4,720,227.	4,720,227.
DOMESTIC SMALL CAP MUTUAL FUNDS	1,574,409. 185,403.	1,574,409. 185,403.
DOMESTIC EQUITY FUNDS COMMODITIES AND NATURAL RESOURCES MUTUAL FUNDS	393,294. 250,088.	393,294. 250,088.
FIXED INCOME		
TOTALS	<u>12,576,958.</u>	<u>12,576,958.</u>

FORM 990PF, PART II - CORPORATE BONDS

ATTACHMENT 7

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
BOND MUTUAL FUNDS	565,280.	565,280.
TOTALS	<u>565,280.</u>	<u>565,280.</u>

FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 8

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FUND OF HEDGE FUNDS	1,311,517.	1,311,517.
LONG TERM GROWTH EQUITY FUND	1,332,108.	1,332,108.
TOTALS	<u>2,643,625.</u>	<u>2,643,625.</u>

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 9

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
ACCRUED INTEREST/DIVIDENDS	11,411.	11,411.
RENT SECURITY DEPOSIT	6,971.	6,971.
PROGRAM RELATED INVESTMENTS	917,877.	917,877.
REDEMPTION RECEIVABLE	438,266.	438,266.
TOTALS	1,374,525.	1,374,525.

ATTACHMENT 10FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EMPLOYEE BENEFIT PLAN	185,403.
TOTALS	<u>185,403.</u>

ATTACHMENT 11FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENTS	1,971,945.
TOTAL	<u>1,971,945.</u>

ATTACHMENT 12FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

FORGIVENESS OF LOAN PREVIOUSLY REPORTED
AS PRI

63,340.

TOTAL

63,340.

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

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

ATTACHMENT 13

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM N. WERNER, MD, MPH 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	PRESIDENT & DIRECTOR 2.00	20,250.	0	0
WILLIAM B. FRIEDEMAN 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	SECRETARY & DIRECTOR 2.00	9,750.	0	0
JAMES M. SNYDER 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	TREASURER & DIRECTOR 2.00	9,750.	0	0
RICHARD B. PATTERSON, DPM, MSPH 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	VICE PRESIDENT/DIRECTOR 2.00	9,750.	0	0
HOWARD NOCHUMSON 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611 THE TOTAL COMPENSATION INCLUDES \$552,529 PREVIOUSLY DEFERRED FROM INCOME UNDER IRC 457(F).	EXEC DIR/ASSIST. SEC. & TREAS. 40.00	751,102.	109,451.	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 13 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CATHERINE M. CRETICOS 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	DIRECTOR 2.00	6,750.	0	0
CATHERINE BAGINSKI 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	PROGRAM OFFICER/ASS SEC & TREA 40.00	72,516.	17,687.	0
GRAND TOTALS		879,868.	127,138.	0

ATTACHMENT 14

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

HOWARD NOCHUMSON
875 NORTH MICHIGAN AVE., SUITE 3516
CHICAGO, IL 60611
312-664-6488

ATTACHMENT 15990PF, 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.

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

1. 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 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.
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:

1. be applicable to one of the following categories: Health Services, Medical Research, or Medical Education (see fundable grants)
2. 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.
9. 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.

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- 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 or 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
2. 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
4. 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.
2. 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

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program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged 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**





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.
5. 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
6. 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.

PART XV **How to Apply**

Before you begin please visit our "Fundable Grants" link for an explanation of grants Washington Square wishes to fund. For more detailed information about our grant making process, we recommend that you review the General and Specific Grant making Guidelines. If you are interested in applying for a grant through Washington Square Health Foundation, Inc., please follow the instructions below.

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.

○ 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.**

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PART XV 3 **Complete the Budget Form**

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

o **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





WASHINGTON SQUARE HEALTH FOUNDATION, INC.

GRANT APPLICATION

1. Title of project:
2. Location of proposed project:
Street:
City: State: Zip Code:
3. Name/address of organization responsible for project:
Name:
Street:
City: State: Zip Code:
4. Mission of organization: (may use attachment, clearly marked Mission Statement)

5. Name/address of contact person:

Name:
Street:
City: State: Zip code:
Office Phone: Home Phone:
Email:

6. Name/address of person responsible for project:

Name:
Street:
City: State: Zip code:
Office Phone: Home Phone:
Email:

7. Concise description of project:

8. Expected duration of project:

Start Date: Completion Date:

9. Contribution Information:

Total requested from WSHF:	\$
Total from other sources:	\$
Grand Total	\$

Date

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.

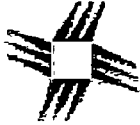
13. What is the total population of the target region or community where the project will be carried out?

How many people are expected to benefit directly or indirectly from the project?

Please 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. 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.

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WASHINGTON SQUARE HEALTH FOUNDATION, INC.

BUDGET REQUEST

Number of years for which WSHF
grant support is requested:

1	2	3
---	---	---

Proposed budget for use of requested WSHF grant: attach detail as needed.
(NOTE: Do not include expenditures to be funded through non-WSHF sources.)

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

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

PART XV 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 will 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 describe changes in knowledge, attitude, behavior, skill, community capacity, health status or health care utilization

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

SAMPLE 1:

Goal: To improve the ability of low-income families 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

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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
appointments 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 first 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 add 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?
- 6 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?
7. 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.



PART XV, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

9190	1930b	Zacharias Sexual Abuse Center	Sexual Assault Coordinating Council	\$6,000.00
9191	1988 IIa	The Children's Memorial Hospital	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$60,000.00
9291	1988 IIb	The Children's Memorial Hospital	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$0.00
9220	1994b	Little Company of Mary Hospital	Advancing Baby Friendly - Breastfeeding Peer Counseling and Baby TALK Program	\$7,620.00
9192	2020a	Rehabilitation Institute of Chicago	Mobile Phone Applications for Quantifying Functional Abilities for Patients with Parkinson's Disease	\$20,000.00
9292	2020b	Rehabilitation Institute of Chicago	Mobile Phone Applications for Quantifying Functional Abilities for Patients with Parkinson's Disease	\$20,000.00
9077	2021a	Illinois Department of Public Health	Expansion of the Illinois Public Health Community Map Website	\$17,500.00
9219	2021b	Illinois Department of Public Health	Expansion of the Illinois Public Health Community Map Website	\$17,500.00
9293	2022	Illinois College of Optometry	Vision of Hope Health Alliance	\$5,000.00
9102	2047	Southern Center for Human Rights	Mr. Howard Nochumson's Board of Director Grant to the Southern Center for Human Rights	\$1,000.00
9103	2048	Association of Small Foundations	Foundation Designated Grant	\$2,500.00
5552	2049	Southern Center for Human Rights	Dr. Richard B. Patterson's Board of Director Grant to the Southern Center for Human Rights.	\$1,000.00
9107	2050	AIDS Foundation of Chicago	Special Designated Grant to fund Honorarium for Veteran's Speech at the US Conference on AIDS being held in Chicago.	\$200.00
9112	2051	National Kidney Foundation of Illinois, Inc.	Dr. William N. Werner's Board of Director Grant to the KidneyMobile Fund	\$2,000.00
9111	2052	Gilda's Club Chicago	Gilda's Club Open Door Campaign	\$1,000.00
9168	2053	The Children's Memorial Hospital	"Children Celebrate Children" Project to Support Children Memorial Hospital	\$10,000.00
9117	2054	University of Illinois Foundation	Special Designated Grant to the Chicago Diabetes Project	\$3,000.00
9295	2055	St. Jude Children's Research Hospital	Mr. William B. Friedeman's Board of Director Grant to St. Jude Children's Research Hospital	\$1,000.00
9195	2058a	Sarah's Circle	Health Access for Formerly Homeless Women	\$10,000.00
9196	2060a	Gilda's Club Chicago	African American Program Coordinator	\$25,000.00
9197	2063a	Access Community Health Network	Chicago Parenting Initiative: The Male Involvement Program	\$7,500.00

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

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PART XV, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

9198	2065	The Children's Clinic	Durable Dental Equipment	\$12,075.00
9158	2066	A Silver Lining Foundation	Keep aBreast (the sooner the better).	\$17,000.00
9199	2068	Advocate Charitable Foundation	Establishing a SANE Program for Lake County IL	\$9,775.00
9200	2071	Clearbrook	Mechanical Lift Replacement Project.	\$17,555.00
9201	2072	Lester and Rosalie Anixter Center	Chicago Hearing Society Audiology Clinic and Hearing Aid Bank	\$27,148.00
9202	2074a	Thresholds	Thresholds Veterans Project	\$11,952.50
9296	2074b	Thresholds	Thresholds Veterans Project	\$11,952.50
9203	2075	The Edward Foundation	Linden Oaks Hospital at Edward - Sensory Equipment	\$10,000.00
9157	2078	North Park Friendship Center	Special Designated Grant for Food Pantry	\$25,000.00
9188	2079	Rosalind Franklin University of Medicine and Science	Dr. Richard B. Patterson's Board of Director Grant to the Jack Scholl Memorial Scholarship Fund for the Scholl Scholarship Benefit.	\$2,500.00
9218	2080 I	The Children's Memorial Hospital	Heroes for Life: Campaign for Ann & Robert H. Lurie Children's Hospital of Chicago	\$50,000.00
9214	2081	Rehabilitation Institute of Chicago	Special Designated Grant	\$500.00
9221	2082	Council on Foundations	Foundation Designated Grant	\$1,830.00
9222	2083	Grantmakers In Health	Foundation Designated Grant for 2012	\$2,750.00
9223	2084	Donors Forum of Chicago	Foundation Designated Grant	\$934.34
9246	2085	Horizon Hospice	William B. Friedeman's Board of Director Grant to Horizon Hospice	\$500.00
9230	2086	Chicago Chesed Fund	Mr. James M. Snyder's Board of Director Grant to the Chicago Chesed Fund's Food Pantry	\$2,000.00
9231	2087	Chicago Children's Advocacy Center	Mr. James M. Snyder's Board of Director Grant to the Chicago Children's Advocacy Center	\$1,500.00
9232	2088	La Rabida Children's Hospital and Research Center	Mr. James M. Snyder's Board of Director Grant to La Rabida	\$1,500.00
9233	2089	Samaritan Counseling Center	William B. Friedeman's Board of Director Grant to Samaritan Counseling Center	\$500.00
9244	2090	Advocate Charitable Foundation	Dr. William N. Werner's Board of Director Grant to the Angelo P. Creticos, MD Cancer Center Fund	\$1,500.00
9245	2091	University of Illinois Foundation	Dr. William N. Werner's Board of Director Grant to the Chicago Diabetes Project	\$1,500.00
9298	2096	Midwest Palliative & Hospice CareCenter	Midwest CareCenter Hospice Pavilion Patient Bed Upgrade	\$11,309.00

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

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PART XV, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

9297	2098	Old Irving Park Community Clinic	Expansion of Behavioral Health Services at OIPCC	\$12,500.00
9300	2111	Little City Foundation	Center for Health and Wellness Oral Health Program	\$12,500.00
9301	2112	Lesch-Nyhan Syndrome Childrens Research Foundation	Mr. William B. Friedeman's Board of Director Grant to the Lesch-Nyhan Syndrome Children's Research Foundation in memory of Walter M. Mack.	\$250.00
5855	2116	Torah Academy of Buffalo Grove	Howard Nochumson's Board of Director Grant to the Torah Academy of Buffalo Grove for Student Health Programming	\$4,000.00
5871	2117	Advocate Charitable Foundation	Dr. Catherine M. Creticos' Board of Director Grant for the Angelo P. Creticos, MD Lectureship	\$1,000.00
5870	2118	Advocate Charitable Foundation	Dr. Catherine M. Creticos' Board of Director Grant for the Creticos Music Fund	\$1,000.00
5869	2119	Advocate Charitable Foundation	Dr. Catherine M. Creticos' Board of Director Grant for the Department of Medicine Medical Education Fund	\$1,000.00
5872	2120	Howard Brown Health Center	Dr. Catherine M. Creticos' Board of Director Grant for HIV Testing Research Initiatives	\$1,000.00
5875	2121	University of Illinois Foundation	Dr. Catherine M. Creticos' Board of Director Grant for MATEC	\$1,000.00
5877	2122	Grafton First Baptist Church	Dr. Richard B. Patterson's Board of Director Grant for the Food Pantry	\$1,500.00
5873	2123	Samantan Counseling Center	Mr. William B. Friedeman's Board of Director Grant	\$1,250.00
5876	2124	Great Lakes Adaptive Sports Assoc	Mr. William B. Friedeman's Board of Director Grant to the Great Lakes Adaptive Sports Association	\$500.00
5874	2125	Rush University Medical Center	Mr. William B. Friedeman's Board of Director Grant to The Women's Board	\$1,000.00
5878	2126	CommunityHealth,NFP	Catherine Baginski's Board Officer Grant to CommunityHealth	\$2,500.00
5879	2127	Breakthrough Urban Ministries	Catherine Baginski's Board Officer Grant to the Food Pantry	\$2,500.00
Total Grants				\$482,601

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- 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 Patients
25 Continuing to be served in 2010
330 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

2010 Horizon Hospice: South Suburbs
22-23 hospice patients per day
50 palliative care patients per day
20+ patient care volunteers
1153 volunteer hours

The Braveheart program, designed to help grieving children, was reinstated by Horizon last year. 804 children and adults participated in group sessions.

2011 Horizon Hospice: South Suburbs
462 individual counseling sessions were provided to 107 individuals.

The Braveheart program provided service to 17 families that included 25 youth and children. In fall 2011, the Braveheart program worked with 16 families that included 21 youth and children.

Kids Who Care celebrated 10 years of service in 2011. 1,100 students who devoted 3,300 hours of their time to record 1,725 patients and elderly people.

In 2012, the bereavement team provided 655 individual counseling sessions, a 42% increase from 2011. The Braveheart program offered two eight-week support group sessions reaching 54 youth and 40 caregivers. 156 hospice patients were admitted, and 43 palliative care patients were admitted. Kids Who Care celebrated 11 years of service in 2012 and involved approximately 1,290 volunteer students and parents who devoted 2,900 hours of their time to 910 patients and elderly people.

This PRI has now been repaid in full.

- 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
January 19, 2011	- Meeting with Licia Chazim to review progress of Horizon Hospice acquisition.
February 7, 2012	- Report
February 7, 2012	- Telephone update regarding South Side facility
February 8, 2013	- Report

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- i. Name and address of grantee:

New Address:
Center for Speech and Language Disorders
310-D S. Main St.
Lombard, IL 60148

Old Address:
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 24th annual conference on The Language Disordered Child for professionals and parents.

In FY 11-12, the Center for Speech and Language Disorders met a fundraising challenge grant and \$40,000 of the PRI has been forgiven by WSHF Grant #1980 fPRI.

- 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

January 2012 - Report

November 2012 - 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 (interest) on November 9, 2009

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

The Foundation met with Nevin Hedlund on August 31, 2010 to discuss the Center for Speech and Language Disorder's acquisition of a new site (at no cost to CSLD) and its plan for a capital campaign to rehab the site.

The Board (via ballot by mail) authorized the forgiveness of the remaining FY 09-10 payment of \$40,000, if matched by the CSLD capital campaign by October 2011.

2010 Service: The Center for Speech and Language Disorders provided therapy for 296 children and their families. 200+ "free speech and language screenings" were provided to children under 3.

2011 Service: The Center for Speech and Language Disorders provided over 100 free screenings in the community to reach out to families. The center moved on 12/27/11 and opened for business on 1/3/12. A capital campaign committee was formed by the board to raise money for the center to move into a permanent space.

2012 Service: The Center for Speech and Language Disorders moved into its permanent therapy space located in Lombard, IL. CSLD provided free speech and language screening to children under 3. The center has had a successful fundraising year for almost 400 children and young adults. In September 2012, CSLD presented a full day conference on the Language Disordered Child for professionals. New programs Language to Literacy and Leap into Literacy help children improve listening, language and reading fluency and comprehension skills that are critical for academic and vocational success. These programs ran for 20 sessions beginning in June and repeated in October 2012.

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- 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:

First re-payment received	- October 15, 2008
Discussion lunch meetings with Carl LaMell (President of Clearbrook)	- May 4, 2009 September 21, 2009
Report	- January 24, 2010
Discussion lunch meetings with Carl LaMell (President of Clearbrook)	- January 25, 2010 through December 31, 2010
Second re-payment received	- October 15, 2009
Report	- January 25, 2010 through December 31, 2010. (Received February 1, 2011)

\$18,400 of PRI principal was
forgiven (#2003 fPRI)

- February 8, 2011

\$35,284 of PRI principal was
forgiven (#2026 fPRI)

- July 29, 2011

Report

- Covering the period
from January 1, 2011
through December 31,
2011 (Received
January 27, 2012)

Report

- Covering the period
from January 1, 2011
through December 31,
2012 (Received
January 28, 2013)

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- 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.

The clinic for FY 09 and FY 10 averaged 8.8 clinic visits totaling more than 6,200 visits from men and women with severe mental illness. 900 clients actively participating in the project.

The clinic for FY 2011 averaged 9 visits per day, totaling nearly 2,000 visits from men and women with severe mental illness to date. 186 new members relied on this clinic location for their care last year.

In 2012 the clinic averaged 13 visits per day, totaling over 3,000 visits from men and women with severe mental illness. 203 new members relied on this clinic location for their care last year.

- 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
January 27, 2012	- Report
January 28, 2013	- Report

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- i. Name and address of grantee:

PCC Community Wellness Center
14 W. Lake Street
Oak Park, IL 60302

- ii. Date and amount of grant:

February 11, 2009
\$263,616.00

- iii. This #1733 PRI grant was made to PCC Community Wellness Center for PCC's new Electronic Health Records Implementation Project.

1. Software for GE Centricity practice management software, July 2009.
2. February 2010, PCC's new Austin Family Health Center on the system.
3. Three other PCC sites on system.
4. 34,844 clients on system.

In FY11-12, WSHF forgave \$25,000 of principal from #1733 PRI through Grant #2061 fPRI to fund a part time dental director/dentist for the South Side Oral Health Program.

- iv. The grantee received the PRI of \$263,616.00 in two payments, Merrill Lynch check no. 8484 in the amount of \$116,311 and Merrill Lynch check no. 8617 in the amount of \$147,305. Grantee used same to help fund the installation of an EHR System at four sites, with plans for another 6 sites.
- 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:

Payments received	- May 1, 2010 and September 2010
Board site visit to PCC Austin Family Health Center	- May 11, 2010
Report	- May 1, 2009 to June 30, 2010
Report	- July 1, 2010 to June 30, 2011

Report

- July 1, 2011 to
June 30, 2012

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- i. Name and address of grantee:

Heartland International Health Center
3048 N Wilton Ave
Chicago, IL 60657

- ii. Date and amount of grant:

February 11, 2009
\$50,000.00

- iii. This #1846 PRI grant was made to Heartland International Health Center for equipment purchase for their Lincoln Square location (opened March 2009) and the Wilson site (opened January 2010).

4,973 patients have received services at Heartland Health Center – Lincoln Square since it opened. 1,891 patients have received care at Heartland Health Center – Wilson since it opened.

2012: 5,557 patients have received services at Heartland Health Center – Lincoln Square since it opened. 4,406 patients have received care at Heartland Health Center – Wilson (in Uptown) since it opened.

- iv. The grantee received the PRI of \$50,000.00 in 2 payments (\$13,000 and \$37,000), Merrill Lynch check nos. 8829 and 8830, and used same to help fund equipment for the Lincoln Square and Wilson health center locations.

- v. Based upon the knowledge of the grantor, none of the grant funds have been diverted from the approved purpose of the grant.

- vi. Reports and follow-up letters and telephone calls dated as follows have been received from the grantee:

Phone Calls
Report

- January 2012
- Covering the period from September 1, 2010 through December 31 2011
(Received January 2012)

Report

- Covering January 1, 2012 through December 31, 2012 (Received January 2013)

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- i. Name and address of grantee:

Heartland Health Outreach
208 South LaSalle, Suite 1818
Chicago, IL 60604

- ii. Date and amount of grant:

September 28, 2010
\$50,000.00

- iii. This #1958 PRI grant was made to Heartland Health Outreach for the Alliance of Chicago Community Health Services Health Information Technology Enhancement Project.

30 personnel have directly benefited to date from this project.

- iv. The grantee received the PRI of \$50,000.00 in 1 payment, Merrill Lynch check no. 8866, and used same to help fund the Alliance of Chicago Community Health Services Health Information Technology Enhancement Project.

- 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:

Site Visit to the Alliance of
Chicago

- February 17, 2012

Report

- Covering the period from January 1,
2012 through December 31, 2012
(Received January 2013)

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- i. Name and address of grantee:

Heartland Health Outreach
208 South LaSalle, Suite 1818
Chicago, IL 60604

- ii. Date and amount of grant:

September 28, 2010
\$50,000.00

- iii. This #1958 PRI grant was made to Heartland Health Outreach for the Alliance of Chicago Community Health Services Health Information Technology Enhancement Project.

31 Health Centers have directly benefited to date from this project. Indirectly, the safety net population of the 31 health centers have benefitted.

- iv. The grantee received the PRI of \$50,000.00 in 1 payment, Merrill Lynch check no. 8869, and used same to help fund the Alliance of Chicago Community Health Services Health Information Technology Enhancement Project.

- 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:

Site Visit to the Alliance of
Chicago

- February 17, 2012

Report

- Covering the period from January 1,
2012 through December 31, 2012
(Received January 2013)

Washington Square Health Foundation
F.E.I.N. 36-1210140
Statement Required Pursuant to Reg. 53-4945-5(d)

- i. Name and address of grantee:

Horizon Hospice & Palliative Care
833 W. Chicago Ave.
Chicago, IL 60642

- ii. Date and amount of grant:

September 21, 2011
\$353,920.00

- iii. This #1995 PRI grant was made to Horizon Hospice & Palliative Care for materials, supplies, furniture and equipment purchased for their new Inpatient Unit at Rush University Medical Center.

92 patients have benefited to date from this project directly.

- iv. The grantee received the PRI of \$353,920.00 in 1 payment, Merrill Lynch check no. 8982, and used \$262,545 to help fund materials, supplies, furniture and equipment for the new Inpatient Hospice Unit at Rush University Medical Center. The remaining \$91,375 was expended after November 1, 2012 for costs associated with the EPIC medical record system for the hospice unit.

- 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:

Site Visit for Grand Opening of
New Hospice Unit at Rush
University Medical Center

- April 30, 2012

Report

- Covering the period from April 1,
2012 through September 30, 2012