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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

**2012**

Open to Public Inspection

For calendar year 2012 or tax year beginning

10/01, 2012, and ending

09/30, 2013

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)

Room/suite

B Telephone number (see instructions)

(312) 664-6488

875 NORTH MICHIGAN AVENUE

3516

City or town, state, and ZIP code

CHICAGO, IL 60611

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at end

of year (from Part II, col (c), line

16) \$ 20,702,949.

J Accounting method: ☐ Cash ☒ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

C If exemption application is  
pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the  
85% test, check here and attach  
computation ☐E If private foundation status was terminated  
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐**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)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	11,353.			
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	254,543.	299,539.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	815,534.			
b Gross sales price for all assets on line 6a 7,252,342.				
7 Capital gain net income (from Part IV, line 2)		911,973.		
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) ATCH 1		114,078.		
12 Total. Add lines 1 through 11	1,081,430.	1,325,590.	0	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	351,926.	35,192.		316,734.
14 Other employee salaries and wages	6,899.	690.		6,209.
15 Pension plans, employee benefits	64,813.	6,481.		58,332.
16a Legal fees (attach schedule)	4,076.	408.		3,668.
b Accounting fees (attach schedule)	33,910.	3,391.		30,519.
c Other professional fees (attach schedule) *	94,142.	9,414.		84,728.
17 Interest				
18 Taxes (attach schedule) (see instructions) ATCH 3	39,272.	2,174.		15,545.
19 Depreciation (attach schedule) and depletion	4,758.	475.		
20 Occupancy	54,154.	5,415.		48,739.
21 Travel, conferences, and meetings	11,756.	1,176.		10,580.
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 4	108,422.	92,868.		97,579.
24 Total operating and administrative expenses. Add lines 13 through 23	774,128.	157,684.		672,633.
25 Contributions, gifts, grants paid	426,344.			426,344.
26 Total expenses and disbursements Add lines 24 and 25	1,200,472.	157,684.	0	1,098,977.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-119,042.			
b Net investment income (if negative, enter -0-)		1,167,906.		
c Adjusted net income (if negative, enter -0-)			0	

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Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing . . . . .	426,044.	642,319.	642,319.
	2 Savings and temporary cash investments . . . . .	825,451.	13,928.	13,928.
	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 . . . . .	17,581.	24,225.	24,225.
	10 a Investments - U.S. and state government obligations (attach schedule). **	735,069.	507,345.	507,345.
	b Investments - corporate stock (attach schedule) ATCH 6 . . . .	12,576,958.	17,059,235.	17,059,235.
	c Investments - corporate bonds (attach schedule). . . . .	565,280.		
	11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
	12 Investments - mortgage loans . . . . .			
	13 Investments - other (attach schedule) . . . . . ATCH 7 . . . .	2,643,625.	1,361,604.	1,361,604.
Liabilities	14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶	36,984. 22,736.	17,816. 14,248.	14,248.
	15 Other assets (describe ▶ ATCH 8 . . . . .)	1,374,525.	1,080,045.	1,080,045.
	16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	19,182,349.	20,702,949.	20,702,949.
	17 Accounts payable and accrued expenses . . . . .	32,726.	43,445.	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . .			
	22 Other liabilities (describe ▶ ATCH 9 . . . . .)	185,403.	217,862.	
	23 Total liabilities (add lines 17 through 22) . . . . .	218,129.	261,307.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted . . . . .	18,964,220.	20,441,642.	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
	30 Total net assets or fund balances (see instructions). . . . .	18,964,220.	20,441,642.	
	31 Total liabilities and net assets/fund balances (see instructions) . . . . .	19,182,349.	20,702,949.	

## 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	18,964,220.
2	Enter amount from Part I, line 27a . . . . .	2	-119,042.
3	Other increases not included in line 2 (itemize) ▶ ATCH 10 . . . . .	3	1,596,464.
4	Add lines 1, 2, and 3 . . . . .	4	20,441,642.
5	Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	20,441,642.

\*\*ATCH 5

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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.)
<b>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>			<b>2</b>	911,973.	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			<b>3</b>	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))
2011	1,451,619.	19,066,141.	0.076136
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
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.347003
<b>3</b> 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			<b>3</b> 0.069401
<b>4</b> Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			<b>4</b> 18,914,653.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,312,696.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 11,679.
<b>7</b> Add lines 5 and 6			<b>7</b> 1,324,375.
<b>8</b> 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			<b>8</b> 1,448,977.

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

1	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	11,679.
2	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	2	
3	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	3	11,679.
4	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	Add lines 1 and 2	5	11,679.
6	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	6	
7	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	7	23,000.
8	Credits/Payments	8	
9	2012 estimated tax payments and 2011 overpayment credited to 2012	9	
10	Exempt foreign organizations - tax withheld at source	10	11,321.
11	Tax paid with application for extension of time to file (Form 8868)	11	
12	Backup withholding erroneously withheld	12	
13	Total credits and payments Add lines 9a through 12	13	23,000.
14	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	14	
15	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	15	
16	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	16	
17	Enter the amount of line 10 to be Credited to 2013 estimated tax	17	11,321.
18	Refunded	18	

## Part VII-A Statements Regarding Activities

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	X
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	X
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	<b>7</b>	X
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ► IL, -----		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i> . . . . .	<b>8b</b>	X
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<b>10</b>	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 <b>WWW.WSHF.ORG</b>				
14	The books are in care of <b>HOWARD NOCHUMSON</b> Telephone no <b>312-664-6488</b>			
Located at <b>875 NORTH MICHIGAN AVENUE, SUITE 3516 CHICAGO, IL</b> ZIP+4 <b>60611</b>				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . .	15		
16	At any time during calendar year 2012, 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
				X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <b>_____</b>				

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

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

	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 2012? . . . . .	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years <b>_____</b>		
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 <b>_____</b>		
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 checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2012 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 2012) . . . . .	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 2012? . . . . .	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 ☒ No

**b** 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 ☒ No**b** 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 ☒ No**b** 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
ATCH 11		351,926.	91,842.	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
NONE				

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

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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 MOBILE C.A.R.E. FOUNDATION	
	350,000.
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . .	
	350,000.

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	18,577,997.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	622,196.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	2,500.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	19,202,693.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	19,202,693.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	288,040.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	18,914,653.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	945,733.

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	945,733.
<b>2a</b>	Tax on investment income for 2012 from Part VI, line 5	<b>2a</b>	11,679.
<b>b</b>	Income tax for 2012. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	11,679.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	934,054.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	197,303.
<b>5</b>	Add lines 3 and 4	<b>5</b>	1,131,357.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	1,131,357.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	1,098,977.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	350,000.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,448,977.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	11,679.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	1,437,298.

**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 (2012)

Page **9****Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7 . . . . .				1,131,357.
<b>2</b> Undistributed income, if any, as of the end of 2012				
<b>a</b> Enter amount for 2011 only . . . . .				
<b>b</b> Total for prior years 20 <u>10</u> , 20 <u>09</u> , 20 <u>08</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007 . . . . . 289,834.				
<b>b</b> From 2008 . . . . . 265,153.				
<b>c</b> From 2009 . . . . . 337,479.				
<b>d</b> From 2010 . . . . . 131,153.				
<b>e</b> From 2011 . . . . . 423,306.				
<b>f</b> Total of lines 3a through e . . . . .	1,446,925.			
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4 ► \$ <u>1,448,977.</u>				
<b>a</b> Applied to 2011, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2012 distributable amount . . . . .				1,131,357.
<b>e</b> Remaining amount distributed out of corpus . . . . .	317,620.			
<b>5</b> Excess distributions carryover applied to 2012 . (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .	1,764,545.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . . .	289,834.			
<b>9</b> Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a . . . . .	1,474,711.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2008 . . . . . 265,153.				
<b>b</b> Excess from 2009 . . . . . 337,479.				
<b>c</b> Excess from 2010 . . . . . 131,153.				
<b>d</b> Excess from 2011 . . . . . 423,306.				
<b>e</b> Excess from 2012 . . . . . 317,620.				

Form **990-PF** (2012)

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

NOT APPLICABLE

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

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

N/A

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

N/A

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

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

**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

ATCH 12

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

SEE ATTACHED STATEMENT

**c** Any submission deadlines.

ATCH 13

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

SEE ATTACHED STATEMENT

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> SEE ATTACHED STATEMENT	NONE		SEE ATTACHED	426,344.
<b>Total</b> .....			▶ <b>3a</b>	426,344.
<b>b Approved for future payment</b> NONE		NONE		
<b>Total</b> .....			▶ <b>3b</b>	

## Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations )

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions )
▼	

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |   |  | 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. |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

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

Signature of officer or trustee William Weaver Date 2/13/14 Title Chair

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's Signature <i>[Signature]</i> 2014.02.19 11:12:45 -06'00'	Check <input type="checkbox"/> if self-employed	PTIN P01305268
Firm's name ▶ CROWE HORWATH LLP	Firm's EIN ▶ 35-0921680		
Firm's address ▶ 70 W MADISON, SUITE 700 CHICAGO, IL 60602	Phone no 312-899-7000		

**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)	
1,885,530.		BLACKROCK GLOBAL ALLOCATION PROPERTY TYPE: SECURITIES 1,689,413.				P	VAR 196,117.	04/15/2013
530,000.		DODGE & COX STK PROPERTY TYPE: SECURITIES 430,183.				P	VAR 99,817.	04/15/2013
122,572.		LKCM SMALL CAP EQUITY FUND PROPERTY TYPE: SECURITIES				P	VAR 122,572.	01/02/2013
3,107.		VANGUARD INFLATION - PROTECTED PROPERTY TYPE: SECURITIES				P	VAR 3,107.	03/28/2013
190,000.		ALLIANZGI NFJ DIVIDEND VALUE FUND PROPERTY TYPE: SECURITIES 168,876.				P	VAR 21,124.	04/15/2013
325,041.		BANK OF AMERICA CORP PROPERTY TYPE: SECURITIES 313,723.				P	VAR 11,318.	04/12/2013
31,718.		ROYAL BK OF SCOTLAND PROPERTY TYPE: SECURITIES 30,460.				P	VAR 1,258.	04/12/2013
1,861.		TEMPLETON INSTITUTIONAL FOREIGN PROPERTY TYPE: SECURITIES				P	VAR 1,861.	09/10/2013
1,280,000.		THORNBURG INTERNATIONAL VALUE PROPERTY TYPE: SECURITIES 1,256,239.				P	VAR 23,761.	04/15/2013
720,000.		CASTLE ARK INVESTMENT TRUST PROPERTY TYPE: SECURITIES 538,227.				P	VAR 181,773.	05/01/2013
1,745,814.		COMMON SENSE INVESTORS II LP PROPERTY TYPE: SECURITIES 1,600,000.				P	VAR 145,814.	VAR
214,698.		HSBC FINANCE CORP PROPERTY TYPE: SECURITIES 213,000.				P	VAR 1,698.	04/12/2013

**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)	
202,000.		US TSY PROPERTY TYPE: SECURITIES 196,687.				P	VAR 5,313.	08/15/2013
96,440.		GAIN FROM SCHEDULE K-1 PROPERTY TYPE: SECURITIES				P	VAR 96,440.	VAR
TOTAL GAIN(LOSS) .....							<u>911,973.</u>	



ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INCOME FROM SCHEDULES K-1		114,078.
TOTALS		<u>114,078.</u>

ATTACHMENT 2FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
CONSULTING FEES	12,683.	1,268.	11,415.
ADVISORY MANAGEMENT FEES	81,459.	8,146.	73,313.
TOTALS	<u>94,142.</u>	<u>9,414.</u>	<u>84,728.</u>

ATTACHMENT 3FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
FEDERAL EXCISE TAX	22,000.			
PAYROLL TAX	17,272.	1,727.		15,545.
FOREIGN TAXES PAID		447.		
TOTALS	<u>39,272.</u>	<u>2,174.</u>		<u>15,545.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
INSURANCE	31,333.	3,133.		28,200.
OFFICE SUPPLIES	36,382.	3,638.		32,744.
BOARD EXPENSES	24,990.	2,499.		22,491.
STAFF DEVELOPMENT	240.	24.		216.
DUES AND SUBSCRIPTIONS	9,307.	931.		8,376.
SERVICE CONTRACTS	2,757.	276.		2,481.
DELIVERY EXPENSE	435.	44.		391.
BANK CHARGES	689.	69.		620.
DIABETES PROGRAM MEETING	116.	12.		104.
MISCELLANEOUS	2,173.	217.		1,956.
K-1 PORTFOLIO DEDUCTION		82,025.		
TOTALS	<u>108,422.</u>	<u>92,868.</u>		<u>97,579.</u>

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

<u>DESCRIPTION</u>	<u>ATTACHMENT 5</u>	
	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
U.S GOVERNMENT AGENCY ISSUES	507,345.	507,345.
US OBLIGATIONS TOTAL	<u>507,345.</u>	<u>507,345.</u>

ATTACHMENT 6FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INTERNATIONAL AND GLOBAL MUTUAL FUNDS	6,406,658.	6,406,658.
DOMESTIC LARGE CAP MUTUAL FUNDS	5,770,938.	5,770,938.
DOMESTIC SMALL CAP MUTUAL FUNDS	1,416,337. 217,862.	1,416,337. 217,862.
DOMESTIC EQUITY FUNDS	1,171,093.	1,171,093.
COMMODITIES AND NATURAL RESOURCES MUTUAL FUNDS	2,076,347.	2,076,347.
FIXED INCOME		
TOTALS	<u>17,059,235.</u>	<u>17,059,235.</u>

ATTACHMENT 7

FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
LONG TERM GROWTH EQUITY FUND	1,361,604.	1,361,604.
TOTALS	<u>1,361,604.</u>	<u>1,361,604.</u>

ATTACHMENT 8FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCRUED INTEREST/DIVIDENDS	2,500.	2,500.
RENT SECURITY DEPOSIT	6,971.	6,971.
PROGRAM RELATED INVESTMENTS	1,070,574.	1,070,574.
TOTALS	<u>1,080,045.</u>	<u>1,080,045.</u>



ATTACHMENT 9FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EMPLOYEE BENEFIT PLAN	217,862.
TOTALS	<u>217,862.</u>

ATTACHMENT 10FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENTS	1,596,464.
TOTAL	<u>1,596,464.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 11

<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>
WILLIAM N. WERNER, MD, MPH 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	BOARD CHAIR & DIRECTOR 2.00	20,250.	0	0
WILLIAM B. FRIEDEMANN 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	PRESIDENT/DIRECTOR 2.00	9,750.	0	0
HOWARD NOCHUMSON 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	EXEC DIR/VP/ASSIT SEC.&TREAS. 40.00	203,031.	72,855.	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 11 (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, MD 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	DIRECTOR 2.00	6,750.	0	0
CATHERINE KAPELLA, MPH 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	PROGRAM DIR., ASST. SEC/TREAS 40.00	85,895.	18,987.	0
SANDY GOLDBERG, PHD 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	DIRECTOR 2.00	6,750.	0	0
GRAND TOTALS		<u>351,926.</u>	<u>91,842.</u>	<u>0</u>

ATTACHMENT 12

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 13

990PF, PART XV - SUBMISSION DEADLINES

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

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.  
► Information about Schedule D (Form 1041) and its separate instructions is at  
[www.irs.gov/form1041](http://www.irs.gov/form1041).

OMB No 1545-0092

**2012**

Name of estate or trust

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

Employer identification number

36-1210140

**Note:** Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	242,254.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
5 <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ►	<b>5</b>	242,254.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	669,719.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
9 Capital gain distributions . . . . .	<b>9</b>	
10 Gain from Form 4797, Part I . . . . .	<b>10</b>	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
12 <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ►	<b>12</b>	669,719.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2012

<b>Part III Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part.</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		242,254.
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		669,719.
b	Unrecaptured section 1250 gain (see line 18 of the wrkst.) . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		911,973.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

### Part IV Capital Loss Limitation

<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	<b>16</b>	( )
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**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . .	<b>17</b>		
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . .	<b>19</b>		
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	<b>21</b>		
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0-	<b>22</b>		
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0-	<b>23</b>		
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,400 . . . . .	<b>24</b>		
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23. . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. . . . .	<b>26</b>		
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22	<b>27</b>		
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>		
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>		
<b>30</b>	Multiply line 29 by 15% ( 15) . . . . .	<b>30</b>		
<b>31</b>	Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>		
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>		
<b>33</b>	Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>		
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>		

Schedule D (Form 1041) 2012



Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 sh 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
<b>6a</b> BLACKROCK GLOBAL ALLOCATION		04/15/2013	1,885,530.	1,689,413.	196,117.
DODGE & COX STK		04/15/2013	530,000.	430,183.	99,817.
LKCM SMALL CAP EQUITY FUND		01/02/2013	122,572.		122,572.
VANGUARD INFLATION - PROTECTED		03/28/2013	3,107.		3,107.
ALLIANZGI NFJ DIVIDEND VALUE FUND		04/15/2013	190,000.	168,876.	21,124.
BANK OF AMERICA CORP		04/12/2013	325,041.	313,723.	11,318.
ROYAL BK OF SCOTLAND		04/12/2013	31,718.	30,460.	1,258.
TEMPLETON INSTITUTIONAL FOREIGN		09/10/2013	1,861.		1,861.
THORNBURG INTERNATIONAL VALUE		04/15/2013	1,280,000.	1,256,239.	23,761.
CASTLE ARK INVESTMENT TRUST		05/01/2013	720,000.	538,227.	181,773.
HSBC FINANCE CORP		04/12/2013	214,698.	213,000.	1,698.
US TSY		08/15/2013	202,000.	196,687.	5,313.
<b>6b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .					669,719.

Schedule D-1 (Form 1041) 2012

**WASHINGTON SQUARE HEALTH FOUNDATION, INC.****36-1210140****FYE 9/30/13****PART XV, GRANT APPLICATION****Grant 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 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(c)(3) organization or association as a 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: Direct Health Care 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(c)(3) 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
  - o carrying on propaganda or otherwise attempt to influence legislation
  - o 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, the project must 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 health care 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 uploaded 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
  - o Collected assessment data about the health care needs of high risk, underserved and/or disadvantaged populations in service area
  - o Implemented targeted activities to increase the accessibility of health care services to one or more high risk, underserved and/or disadvantaged population(s)
  - o 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 population(s)
  - o 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
  - o Implemented a process to gather input from community leaders representing one or more high risk, underserved and/or disadvantaged population(s)
  - o 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
  - Critera-* Demonstration that the organization has
    - o 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
    - o Developed linkages with other related programs to promote continuity of care
- 4 Utilizes a community-oriented approach to program development.
  - Critera -* Demonstration that the organization has incorporated the following dimensions into program development for high-risk, underserved and/or disadvantaged populations
    - o Documentation of need from multiple perspectives including target population
    - o Involvement of clients in program decision making and implementation
    - o Partnerships with other relevant providers and community organizations
    - o Incorporation of continuous quality improvement processes to identify/resolve problems and monitor outcomes
    - o Inclusion of actions to promote financial sustainability of program(s)

#### Overview

The *Principles 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. The actual principles and criteria follow. The report should be submitted to the Donors Forum of Chicago. A completed report must also be uploaded with the grant application and will be reviewed 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.

#### 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), upload the report to the online grant application and submit a copy to the Donors Forum of Chicago. This information should be updated once a year.

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

- 1 Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.
- 2 Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for program or service development.
- 3 Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.
- 4 Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or 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:
- 5 Number of clients served
- 6 Total amount budgeted by your organization for the program
- 7 Percent that program budget is of total agency budget
- 8 Percent of program budget that is directly reimbursed by third party payers
- 9 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.

#### 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.

## 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 see the required information below. Please note that you must apply via our online application.

- 1 Provide General Information About Your Project  
This information is specified in the online application.

- 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 and uploaded to the online application 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](#) and upload them to the appropriate section in the online application.

- **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](#) and upload them to the appropriate section in the online application.

- **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:

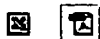
- Requests for resources to purchase computer equipment or information systems should be submitted as a program support or research support grant as appropriate. The Foundation does not provide funding for computers to be used for administrative/operating purposes.
- All requests for equipment that will 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](#) and upload them to the appropriate section in the online application.

- 3 Complete the Budget Form

Anyone applying for a grant, must complete the following form and upload it to the appropriate section in the online application.

- **Budget Form**



*Please click on the icon of the version you wish to use*

- 4 Upload Appropriate Documentation

Do not forget to upload 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 Prior to Deadline

Grant submission deadlines (application must be uploaded by 11:59 pm) 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.****36-1210140****FYE 9/30/13****Part XV, Grants and Contributions Paid During the Year**

Check Number	Docket Number	Organization Name and Address	Project Title	Amount	Public Charity Status
9440	2019 IIa	Adult & Child Therapy Services 708 Washington St. Woodstock, IL 60098	Fall Risk Screening and Prevention Program	\$9,474.83	501(c)3
9441	2058b	Sarah's Circle 4750 N. Sheridan Road, Suite 220 Chicago, IL 60640	Health Access for Formerly Homeless Women	\$10,000.00	501(c)3
9442	2060b	Gilda's Club Chicago 537 N Wells Chicago, IL 60610	African American Program Coordinator	\$25,000.00	501(c)3
9443	2063b	Access Community Health Network 1501 S. California Avenue Chicago, IL 60608	Chicago Parenting Initiative: The Male Involvement Program	\$7,500.00	501(c)3
9512	2080 IIa	Ann & Robert H. Lurie Children's Hospital of Chicago 225 E. Chicago Ave., Box 4 Chicago, IL 60611	Heroes for Life: Campaign for Ann & Robert H. Lurie Children's Hospital of Chicago	\$25,000.00	501(c)3
9444	2098b	Old Irving Park Community Clinic 4008 W. Addison Street Chicago, IL 60641	Expansion of Behavioral Health Services at OIPCC	\$12,500.00	501(c)3
9514	2108a	Breakthrough Urban Ministries 402 N. St. Louis Ave. Chicago, IL 60624	The Male Initiative	\$10,000.00	501(c)3
9337	2110	University of Illinois Foundation 1305 West Greene Street Harker Hall Urbana, IL 61801	8th Annual Chicago Diabetes Project Conference	\$18,000.00	501(c)3
9445	2111b	Little City Foundation 1760 West Algonquin Road Palatine, IL 60067	Center for Health and Wellness Oral Health Program	\$12,500.00	501(c)3
9340	2114	Association of Small Foundations	Foundation Designated Grant	\$1,805.00	501(c)3

**Washington Square Health Foundation, Inc.**  
**FYE 9/30/13**

**36-1210140**

**Part XV, Grants and Contributions Paid During the Year**

		4905 Del Ray Ave Suite 308 Bethesda, MD 20814			
9320	2115	National Council on Aging 1901 L Street, NW 4th Floor Washington, D.C. 20036	Illinois Cares Rx Emergency Solution for Cook County	\$15,000.00	501(c)3
9472	2128	Ann & Robert H. Lurie Children's Hospital of Chicago 225 E. Chicago Ave., Box 4 Chicago, IL 60611	"Children Celebrate Children" Project to Support Children's Memorial Hospital	\$10,000.00	501(c)3
2132	2132a	Erie Family Health Center 1701 W. Superior St. Chicago, IL 60622	Washington Square Health Foundation Fellows Program at Erie Family Health Center	\$18,000.00	501(c)3
9446	2138	Face the Future Foundation 645 N. Michigan Avenue, Suite 800 Chicago, IL 60611	Digitally-Assisted Remote Speech Therapy and Telepractice	\$9,978.00	501(c)3
9447	2139a	Ann & Robert H. Lurie Children's Hospital of Chicago 225 E. Chicago Ave., Box 4 Chicago, IL 60611	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$30,000.00	501(c)3
9513	2139b	Ann & Robert H. Lurie Children's Hospital of Chicago 225 E. Chicago Ave., Box 4 Chicago, IL 60611	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$30,000.00	501(c)3
9393	2140	Maot Chitim of Greater Chicago 7336 N. Lincoln Avenue, Suite 301 Lincolnwood, IL 60712	Matchmaker, Matchmaker....Holiday Food Initiative	\$25,000.00	501(c)3
6191	2142	The Children's Clinic 320 Lake Street Oak Park, IL 60302	Dental Equipment	\$3,901.00	501(c)3
9449	2144	St. Bernard Hospital and Health Care Center	St. Bernard Hospital Dental Center	\$4,750.00	501(c)3

**Washington Square Health Foundation, Inc.****36-1210140****FYE 9/30/13****Part XV, Grants and Contributions Paid During the Year**

		326 W. 64th Street Chicago, IL 60621			
9450	2145	Lester and Rosalie Anixter Center 6610 North Clark Street Chicago, IL 60626	Chicago Hearing Society Audiology Clinic	\$25,000.00	501(c)3
9409	2147	Council on Foundations 1828 L Street, NW Suite 300 Washington, DC 20036	Foundation Designated Grant	\$1,830.00	501(c)3
9452	2148	Advocate Charitable Foundation 205 West Touhy Park Ridge, IL 60068	Memorial Grant for Dr. Angelo P. Creticos, Chairman Emeritus of Washington Square Health Foundation, Inc.	\$25,000.00	501(c)3
9386	2149	CDC Foundation 55 Park Place, Suite 400 Atlanta, GA 30303	Foundation Designated Grant to CDC Foundation	\$5,000.00	501(c)3
9471	2150	Samaritan Counseling Center 690 Oak Street Winnetka, IL 60093	Mr. William B. Friedeman's Board of Director Grant to Samaritan Counseling Center	\$500.00	501(c)3
6054	2151	Community Foundation of Northern Illinois 946 N. Second Street Rockford, IL 61107	Special Designated Grant in Memory of Virginia Holmstrom	\$250.00	501(c)3
9398	2152	St. Helena Hospital Foundation 10 Woodland Road St. Helena, CA 94574	Mr. William B. Friedeman's Board of Director Grant	\$500.00	501(c)3
6083	2153	Illinois State Medical Society Educational and Scientific Foundation 20 N. Michigan Ave., Suite 700 Chicago, IL 60602	Special Designated Grant to the Illinois State Medical Society	\$1,200.00	501(c)3
9399	2154	A Silver Lining Foundation 134 N. LaSalle St., Ste. 1218 Chicago, IL 60602	Dr. Sandy Goldberg's Board of Director Grant	\$5,000.00	501(c)3
9453	2155	Advocate Charitable Foundation 205 West Touhy	Howard Nochumson's Board of Director Grant to the Eye Center.	\$500.00	501(c)3



FYE 9/30/13

## Part XV, Grants and Contributions Paid During the Year

		Park Ridge, IL 60068			
9454	2156	Grafton First Baptist Church PO Box 116 Grafton, WV 26354	Dr. Richard B. Patterson's Board of Director Grant for the Food Pantry	\$1,500.00	501(c)3
9455	2157	Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science 3333 Green Bay Road North Chicago, IL 60064- 3095	Dr. Richard B. Patterson's Board of Director Grant to the Jack Scholl Memorial Scholarship Fund for the Scholl Scholarship Benefit.	\$2,500.00	501(c)3
9428	2158	Chicago Chesed Fund 7045 N. Ridgeway Lincolnwood, IL 60712	Special Designated Grant	\$250.00	501(c)3
9429	2159	Goldie's Place 5705 N. Lincoln Chicago, IL 60659	Special Designated Grant	\$250.00	501(c)3
9430	2160	North Park Friendship Center 3448 W. Foster Chicago, IL 60625	Special Designated Grant	\$250.00	501(c)3
6109	2161	Heartland International Health Center 1015 W. Lawrence Ave. Chicago, IL 60640	Special Designated Grant	\$250.00	501(c)3
9458	2162	North Park Friendship Center 3448 W. Foster Chicago, IL 60625	Dr. William N. Werner's Board of Director Grant	\$2,500.00	501(c)3
9459	2163	Advocate Charitable Foundation 205 West Touhy Park Ridge, IL 60068	Dr. William N. Werner's Board of Director Grant to the Angelo P. Creticos, MD Cancer Center Fund	\$1,000.00	501(c)3
9460	2164	University of Illinois Foundation 1305 West Greene Street Harker Hall Urbana, IL 61801	Dr. William N. Werner's Board of Director Grant to the Chicago Diabetes Project	\$1,000.00	501(c)3
9461	2165	National Kidney Foundation of Illinois, Inc. 215 West Illinois, Suite 1C	Dr. William N. Werner's Board of Director Grant to the KidneyMobile Fund	\$500.00	501(c)3

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## Part XV, Grants and Contributions Paid During the Year

		Chicago, IL 60654			
9516	2166a	Hamdard Center for Health and Human Services 1542 W. Devon Avenue Chicago, IL 60660	Comprehensive Primary Care Strategy	\$15,500.00	501(c)3
9517	2168a	Chicago Children's Advocacy Center 1240 S Damen Ave Chicago, IL 60608	Raising Awareness in Service and Empowerment for African-American Families (RAISE)	\$10,000.00	501(c)3
9518	2170a	Health Leads Chicago 6501 S. Promontory Dr. Chicago, IL 60649	Increasing Access to Care: A Coordinated Care Model for Screening and Referring Hospital Patients with Unmet Basic Needs.	\$10,500.00	501(c)3
9519	2172a	Loyola University 820 N. Michigan Ave., 15th Floor Chicago, IL 60611	Readiness for Residency: Mastery learning of essential clinical skills during the fourth year of medical school.	\$12,940.00	501(c)3
9520	2173a	Heartland Health Outreach 1015 West Lawrence Chicago, IL 60640	Integrating Mental Health Services into Heartland Health Outreach's Primary Care Health Center.	\$10,594.75	501(c)3
9473	2181	St. John's Hospital P.O.Box 428 625 E. Broadway Jackson, WY 83001-0428	Mr. William B. Friedeman's Board of Director Grant.	\$500.00	501(c)3
6147	2182	Donors Forum of Chicago 208 South LaSalle Street Suite 1540 Chicago, IL 60604-1006	Special Designated Grant to Donor's Forum	\$1,011.89	501(c)3
9507	2183	Grantmakers In Health 1100 Connecticut Avenue, N.W. Suite 1200 Washington, DC 20036	Special Designated Grant to GIH	\$2,750.00	501(c)3
9506	2184	Association of Small Foundations 4905 Del Ray Ave Suite 308 Bethesda, MD 20814	Special Designated Grant to ASF	\$2,000.00	501(c)3
6161	2185	Chicago Chesed Fund 7045 N. Ridgeway	Howard Nochumson's Board of Director Grant to	\$1,000.00	501(c)3

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## Part XV, Grants and Contributions Paid During the Year

		Lincolnwood, IL 60712	the Chicago Chesed Fund for Program Support.		
9500	2187	Advocate Charitable Foundation 205 West Touhy Park Ridge, IL 60068	Dr. Richard B. Patterson's Board of Director Grant to the Advocate Illinois Masonic Medical Center's Angelo P. Creticos, MD Cancer Center Fund	\$1,000.00	501(c)3
9505	2188	A Silver Lining Foundation 134 N. LaSalle St., Ste. 1218 Chicago, IL 60602	Special Designated Grant to A Silver Lining Foundation	\$3,500.00	501(c)3
6171	2189	Rush University Medical Center 1700 West Van Buren Suite 250 Chicago, IL 60612	Special Designated Grant in Memory of Ruth M. Rothstein to the Ruth M. Rothstein CORE Center	\$200.00	501(c)3
9502	2190	Goldie's Place 5705 N. Lincoln Chicago, IL 60659	Mr. James M. Snyder's Board of Director Grant to Goldie's Place	\$3,000.00	501(c)3
9503	2191	Chicago Children's Advocacy Center 1240 S Damen Ave Chicago, IL 60608	Mr. James M. Snyder's Board of Director Grant to the Chicago Children's Advocacy Center	\$1,000.00	501(c)3
9501	2192	La Rabida Children's Hospital 6501 South Promontory Drive Chicago, IL 60649	Mr. James M. Snyder's Board of Director Grant to La Rabida Chidlren's Hospital	\$1,000.00	501(c)3
9504	2193	Samaritan Counseling Center 690 Oak Street Winnetka, IL 60093	Mr. William B. Friedeman's Board of Director Grant to Samaritan Counseling Center	\$500.00	501(c)3
6190	2194	Chicago Chesed Fund 7045 N. Ridgeway Lincolnwood, IL 60712	Howard Nochumson's Board of Director Grant for Program Support of the Food Pantry	\$1,000.00	501(c)3
6189	2195	Keshet 425 Huehl Raod Building 13-B Northbrook, IL 60062	Howard Nochumson's Board of Director Grant for the David Nochumson, Charles Nochumson and Sara Wolf Torah Memorial Scholarship Fund	\$1,000.00	501(c)3

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## Part XV, Grants and Contributions Paid During the Year

6188	2196	Team Spirit Institute 741 Heatherdown Way Buffalo Grove, IL 60089	Howard Nochumson's Board of Director Grant to Team Spirit Institute	\$1,000.00	501(c)3
6187	2197	Torah Academy of Buffalo Grove 225 McHenry Rd. Buffalo Grove, IL 60089	Howard Nochumson's Board of Director Grant to the Torah Academy of Buffalo Grove for program support for health education programs and equipment to meet school life safety code.	\$500.00	501(c)3
6199	2198	Great Lakes Adaptive Sports Assoc 400 E. Illinois Road Lake Forest, IL 60045	Mr. William B. Friedeman's Board of Director Grant to the Great Lakes Adaptive Sports Association	\$250.00	501(c)3
9536	2199	Teton County Search and Rescue Foundation P.O. Box 1063 Jackson, WY 83001	Mr. William B. Friedeman's Board of Director Grant to Teton County Search and Rescue Foundation	\$500.00	501(c)3
9532	2200	Advocate Charitable Foundation 205 West Touhy Park Ridge, IL 60068	Dr. Catherine M. Creticos' Board of Director Grant to the Creticos Music Fund	\$1,000.00	501(c)3
9533	2201	Advocate Charitable Foundation 205 West Touhy Park Ridge, IL 60068	Dr. Catherine M. Creticos' Board of Director Grant to the Angelo P. Creticos, MD Lectureship at Advocate Illinois Masonic Medical Center	\$1,000.00	501(c)3
9534	2202	Advocate Charitable Foundation 205 West Touhy Park Ridge, IL 60068	Dr. Catherine M. Creticos' Board of Director Grant to the Anastasia & Angelo P. Creticos, MD Medical Innovation Endowment at Advocate Illinois Masonic Medical Center	\$1,000.00	501(c)3
2203	2203	Ray Graham Association for People with Disabilities 901 Warrenville Rd. Suite 500 Lisle, IL 60532	Dr. Catherine M. Creticos' Board of Director Grant to the Hanson Center Therapeutic Riding Program	\$2,000.00	501(c)3
6218	2204	Samaritan Counseling Center	Mr. William B. Friedeman's Board of Director Grant to	\$1,150.00	

**Washington Square Health Foundation, Inc.****36-1210140****FYE 9/30/13****Part XV, Grants and Contributions Paid During the Year**

		690 Oak Street Winnetka, IL 60093	the Samaritan Counseling Center		501(c)3
6219	2205	Curran-Seeley Foundation P.O. Box 11390 Jackson, WY 83002	Mr. William B. Friedeman's Board of Director Grant to the Curran-Seeley Foundation	\$500.00	501(c)3
6200	2206	Bright Pink 670 N. Clark Street, Suite 2 Chicago, IL 60654	Catherine Baginski, MPH's Board Officer Grant to Bright Pink	\$345.00	501(c)3
6220	2207	Jackson Hole Community Counseling Center P.O. Box 1868 Jackson, WY 83001	Mr. William B. Friedeman's Board of Director Grant to the Jackson Hole Community Counseling Center	\$300.00	501(c)3
6221	2208	Jackson Hole Therapeutic Riding Association P.O. Box 415 Teton Village, WY 83025	Mr. William B. Friedeman's Board of Director Grant to the Jackson Hole Therapeutic Riding Association	\$300.00	501(c)3
6223	2209	The Children's Clinic 320 Lake Street Oak Park, IL 60302	Catherine Baginski Kapella, MPH's Board Officer Grant to The Children's Clinic for program support for the Dental Program.	\$2,500.00	501(c)3
6222	2210	Chicago Children's Advocacy Center 1240 S Damen Ave Chicago, IL 60608	Catherine Baginski Kapella, MPH's Board Officer Grant to the Chicago Children's Advocacy Center	\$2,155.00	501(c)3

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**Total Grants = \$426,344**

**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)

Report

- Covering the period  
from January 1, 2013  
through December 31,  
2013 (Received  
February 5, 2014)

**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 in 2011.

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 in 2012.

In 2013 the clinic averaged 11 visits per day, with 688 unduplicated clients making over 2,500 visits. 123 new members relied on this clinic location for their care in 2013.

- 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
January 22, 2014	- 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.

As of June 30, 2013, 43,737 people have benefitted from this project directly, and 812,209 have benefitted indirectly from this project. To date, PCC has successfully implemented EHR at all then PCC sites. The new sites implemented this year were PCC Melrose Park and PCC Clinic at Interfait House.

- 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

**Report**

- July 1, 2012 to  
June 20, 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 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).

2011: 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.

2013: 6,799 patients have received services at Heartland Health Center – Lincoln Square since it opened. 7,346 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)

Report

- Covering January 1, 2013 through  
December 31, 2103 (Received  
February 2014)

**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.

2012: 92 patients have benefited to date from this project directly.

2013: A total of 486 patients have been admitted to the inpatient unit since opening on July 9, 2012. To date, a total of seven pediatric patients have been cared for on the unit, and the rest have been adults.

- 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

Report

- Covering October 1, 2012 through  
September 30, 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:

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

- ii. Date and amount of grant:

July 6, 2012  
\$300,000.00

- iii. This #2029 PRI grant was made to Family Christian Health Center to increase capacity to serve their growing patient population by building an addition to the center's Harvey location and opening a small satellite medical office in Dolton to serve as a second location for the center's Walk In Clinic, Today Care. Specifically, the PRI funded the staffing at the Dolton location to cover salaries and ensure uninterrupted workflow during the first year of operation.

2013: 564 patients have benefited to date from this project directly.

- iv. The grantee received the PRI of \$300,000.00 in 1 payment, Merrill Lynch check no. 9193. As of June 30, 2013, \$179,186.20 of the PRI had been expended.
- 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:

Report

- Covering the period from July 1,  
2012 through June 30, 2013 (Received  
February 2014)

**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.

2012: 2000 personnel have directly benefitted to date from this project.

2013: 2000 staff have directly benefitted to date from this project and 300,000 patients in Chicago.

- 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)

Report

- Covering the period from January 1,  
2013 through December 31, 2013  
(Received February 2014)



**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 #1964 PRI grant was made to Heartland Health Outreach for the Alliance of Chicago Community Health Services Health Information Technology Enhancement Project.

2012: 31 Health Centers have directly benefited to date from this project. Indirectly, the safety net population of the 31 health centers have benefitted.

2013: 34 Health Centers have directly benefited to date from this project. Indirectly, the safety net population of the 34 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)

Report

- Covering the period from January 1,  
2013 through December 1, 2013  
(Received February 2014)