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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2013**

Open to Public Inspection

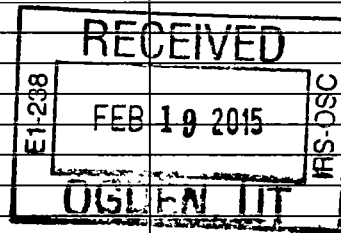
For calendar year 2013 or tax year beginning

10/01, 2013, and ending

09/30, 2014

Name of foundation <b>WASHINGTON SQUARE HEALTH FOUNDATION, INC.</b>		A Employer identification number <b>36-1210140</b>
Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) <b>(312) 664-6488</b>
<b>875 NORTH MICHIGAN AVENUE</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60611</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 20,159,166.</b>	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)		5,684.			
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		174,837.	200,089.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		2,243,051.			
b Gross sales price for all assets on line 6a		9,529,596.			
7 Capital gain net income (from Part IV, line 2)			2,551,294.		
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)					
12 Total. Add lines 1 through 11		2,423,572.	2,751,383.		
13 Compensation of officers, directors, trustees, etc.		356,895.	35,689.		321,206.
14 Other employee salaries and wages		7,688.	768.		6,920.
15 Pension plans, employee benefits		67,275.	6,727.		60,548.
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)		39,415.	3,941.		35,474.
c Other professional fees (attach schedule) *		110,121.	11,012.		99,109.
17 Interest					
18 Taxes (attach schedule) (see instructions) <b>ATCH 2</b>		67,934.	1,793.		16,141.
19 Depreciation (attach schedule) and depletion		5,277.	527.		
20 Occupancy		56,815.	5,681.		51,134.
21 Travel, conferences, and meetings		14,581.	1,458.		13,123.
22 Printing and publications					
23 Other expenses (attach schedule) <b>ATCH 3</b>		123,793.	12,403.		111,414.
24 Total operating and administrative expenses. Add lines 13 through 23		849,794.	79,999.		715,069.
25 Contributions, gifts, grants paid		513,177.			513,177.
26 Total expenses and disbursements. Add lines 24 and 25		1,362,971.	79,999.		1,228,246.
27 Subtract line 26 from line 12.					
a Excess of revenue over expenses and disbursements		1,060,601.			
b Net investment income (if negative, enter -0-)			2,671,384.		
c Adjusted net income (if negative, enter -0-)					



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing . . . . .	642,319.	1,178,647.	1,178,647.	
	2	Savings and temporary cash investments . . . . .	13,928.	41,002.	41,002.	
	3	Accounts receivable ▶ . . . . .				
		Less allowance for doubtful accounts ▶ . . . . .				
	4	Pledges receivable ▶ . . . . .				
		Less allowance for doubtful accounts ▶ . . . . .				
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	7	Other notes and loans receivable (attach schedule) ▶ . . . . .				
		Less allowance for doubtful accounts ▶ . . . . .				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .	24,225.	20,162.	20,162.	
	10 a	Investments - U.S. and state government obligations (attach schedule) . . . . .	507,345.			
	b	Investments - corporate stock (attach schedule) ATCH 4 . . . . .	17,059,235.	16,486,054.	16,485,874.	
	c	Investments - corporate bonds (attach schedule) . . . . .				
	Liabilities	11	Investments - land, buildings, and equipment basis . . . . .			
		Less accumulated depreciation (attach schedule) ▶ . . . . .				
12		Investments - mortgage loans . . . . .				
13		Investments - other (attach schedule) ATCH 5 . . . . .	1,361,604.	1,548,699.	1,548,699.	
14		Land, buildings, and equipment basis . . . . .	36,984.			
		Less accumulated depreciation (attach schedule) ▶ . . . . .	16,212.	14,248.	20,772.	
15		Other assets (describe ▶ ATCH 6) . . . . .	1,080,045.	864,010.	864,010.	
16		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	20,702,949.	20,159,346.	20,159,166.	
17		Accounts payable and accrued expenses . . . . .	43,445.	81,742.		
18		Grants payable . . . . .				
Net Assets or Fund Balances	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 7) . . . . .	217,862.	256,341.		
	23	Total liabilities (add lines 17 through 22) . . . . .	261,307.	338,083.		
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 . . . . .	20,441,642.	19,821,263.		
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> check here and complete lines 27 through 31.					
	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) . . . . .	20,441,642.	19,821,263.			
31	Total liabilities and net assets/fund balances (see instructions) . . . . .	20,702,949.	20,159,346.			

## 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	20,441,642.
2	Enter amount from Part I, line 27a . . . . .	2	1,060,601.
3	Other increases not included in line 2 (itemize) ▶ . . . . .	3	
4	Add lines 1, 2, and 3 . . . . .	4	21,502,243.
5	Decreases not included in line 2 (itemize) ▶ ATCH 8 . . . . .	5	1,680,980.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	19,821,263.

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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 SEE PART IV SCHEDULE</b>					
<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 Capital gain net income or (net capital loss)</b>			<b>2</b>	2,551,294.	
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)</b>			<b>3</b>	0	
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8					

**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))
2012	1,437,298.	18,914,653.	0.075989
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
<b>2 Total of line 1, column (d)</b>			<b>2</b> 0.356587
<b>3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years</b>			<b>3</b> 0.071317
<b>4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5</b>			<b>4</b> 20,739,957.
<b>5 Multiply line 4 by line 3</b>			<b>5</b> 1,479,112.
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>			<b>6</b> 26,714.
<b>7 Add lines 5 and 6</b>			<b>7</b> 1,505,826.
<b>8 Enter qualifying distributions from Part XII, line 4</b>			<b>8</b> 1,228,246.

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

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

1 a 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	53,428.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . .		2	
3 Add lines 1 and 2 . . . . .		3	53,428.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . .		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	53,428.
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013 . . . . .	6a	27,321.	
b Exempt foreign organizations - tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	27,321.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9	26,107.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10		
11 Enter the amount of line 10 to be Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> <b>11</b>			

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . . If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year? . . . . .		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IL, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. . . . .	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV. . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country				X

**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)? <input type="checkbox"/>	1b	X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
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 2013? <input type="checkbox"/>	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2013 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 2013)	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 2013?	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)? ☐ **5b**Organizations 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? ☐ **6b** X

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? ☐ **7b****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 9		356,895.	95,800.	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."**

[illegible]

**Total number of others receiving over \$50,000 for professional services**

## 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.

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE <hr/> <hr/> <hr/>	
<b>2</b> <hr/> <hr/> <hr/>	
All other program-related investments See instructions	
<b>3</b> NONE <hr/> <hr/> <hr/>	
<b>Total.</b> Add lines 1 through 3 . . . . .	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	19,690,985.
b	Average of monthly cash balances	1b	1,364,809.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	21,055,794.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	21,055,794.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	315,837.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	20,739,957.
6	Minimum investment return. Enter 5% of line 5	6	1,036,998.

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

1	Minimum investment return from Part X, line 6	1	1,036,998.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	53,428.
b	Income tax for 2013. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	53,428.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	983,570.
4	Recoveries of amounts treated as qualifying distributions	4	204,748.
5	Add lines 3 and 4	5	1,188,318.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,188,318.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,228,246.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,228,246.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,228,246.

**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 (2013)

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

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7 . . . . .				1,188,318.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only . . . . .				
b Total for prior years 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u> . . . . .				
3 Excess distributions carryover, if any, to 2013				
a From 2008 . . . . . 265,153.				
b From 2009 . . . . . 337,479.				
c From 2010 . . . . . 131,153.				
d From 2011 . . . . . 423,306.				
e From 2012 . . . . . 502,552.				
f Total of lines 3a through e . . . . .	1,659,643.			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>1,228,246.</u>				
a Applied to 2012, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see instructions). . . . .				
c Treated as distributions out of corpus (Election required - see instructions) . . . . .				
d Applied to 2013 distributable amount . . . . .				1,188,318.
e Remaining amount distributed out of corpus . . . . .	39,928.			
5 Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .	1,699,571.			
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .	265,153.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	1,434,418.			
10 Analysis of line 9				
a Excess from 2009 . . . . . 337,479.				
b Excess from 2010 . . . . . 131,153.				
c Excess from 2011 . . . . . 423,306.				
d Excess from 2012 . . . . . 502,552.				
e Excess from 2013 . . . . . 39,928.				

Form 990-PF (2013)

**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 2013, 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)
---------------	--	------------

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

**b 85% of line 2a** . . . . .

**C** Qualifying distributions from Part XII, line 4 for each year listed . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

Ⓔ Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.

**3** Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test - enter

**(1) Value of all assets** . . . .

(2) Value of assets qualifying under section 4942(l)(3)(B)(i), . . . .

**b** "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .

**C "Support" alternative test - enter**

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).

(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (i)(3)(B)(iii) . . . . .

(3) Largest amount of support from an exempt organization. . . .

(4) 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 address of the person to whom applications should be addressed:**

ATCH 10

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

SEE ATTACHED STATEMENT

**c Any submission deadlines**

ATCH 11

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**

<div>Recipient</div> <div>Name and address (home or business)</div>	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
<b>a Paid during the year</b> SEE ATTACHED STATEMENT	NONE		SEE ATTACHED	513,177.
<b>Total</b>			<b>3a</b>	513,177.
<b>b Approved for future payment</b> NONE		NONE		
<b>Total</b>			<b>3b</b>	0

## Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income	Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments . . . . .					
<b>3</b> Interest on savings and temporary cash investments					
<b>4</b> Dividends and interest from securities . . . . .			14	174,837.	
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
<b>6</b> Net rental income or (loss) from personal property .					
<b>7</b> Other investment income . . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	2,243,051.	
<b>9</b> Net income or (loss) from special events . . .					
<b>10</b> Gross profit or (loss) from sales of inventory . .					
<b>11</b> Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e) . . . .				2,417,888.	
<b>13</b> Total. Add line 12, columns (b), (d), and (e) . . . . .				2,417,888.	

(See worksheet in line 13 instructions to verify calculations )

[illegible]



**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)	
100,000.		ALLIANZGI NFJ DIVIDEND VALUE FUND PROPERTY TYPE: SECURITIES 78,863.				P	VAR 21,137.	11/22/2013
20,000.		MAINSTAY MARKETFIELD FUND PROPERTY TYPE: SECURITIES 18,193.				P	VAR 1,807.	11/22/2013
150,000.		DODGE & COX STK FD COM PROPERTY TYPE: SECURITIES 101,939.				P	VAR 48,061.	11/22/2013
415,000.		LKCM SMALL CAP EQUITY FUND PROPERTY TYPE: SECURITIES 250,761.				P	VAR 164,239.	11/22/2013
75,000.		TEMPLETON INSTITUTIONAL FOREIGN PROPERTY TYPE: SECURITIES 67,953.				P	VAR 7,047.	11/22/2013
140,000.		THORNBURG INTERNATIONAL VALUE PROPERTY TYPE: SECURITIES 127,740.				P	VAR 12,260.	11/22/2013
212,118.		LKCM SMALL CAP EQUITY FUND PROPERTY TYPE: SECURITIES				P	VAR 212,118.	12/31/2013
5,651.		TEMPLETON INSTITUTIONAL FOREIGN PROPERTY TYPE: SECURITIES				P	VAR 5,651.	12/26/2013
150,000.		CREDIT SUISSE COMMODITY PROPERTY TYPE: SECURITIES 161,080.				P	VAR -11,080.	03/20/2014
225,000.		PRUDENTIAL JENNISON NATURAL PROPERTY TYPE: SECURITIES 197,542.				P	VAR 27,458.	03/20/2014
1,647,274.		TEMPLETON INSTITUTIONAL FOREIGN PROPERTY TYPE: SECURITIES 1,462,546.				P	VAR 184,728.	03/20/2014
2,712,097.		THORNBURG INTERNATIONAL VALUE PROPERTY TYPE: SECURITIES 2,447,670.				P	VAR 264,427.	03/20/2014

**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)	
2,902,102.		CASTLE ARK INVESTMENT TRUST PROPERTY TYPE: SECURITIES 1,788,036.				P	VAR 1,114,066.	09/08/2014
200,000.		CASTLE ARK INVESTMENT TRUST PROPERTY TYPE: SECURITIES				P	VAR 200,000.	12/02/2013
6,056.		PIMCO TOTAL RETURN FUND PROPERTY TYPE: SECURITIES				P	VAR 6,056.	12/13/2013
369.		PIMCO UNCONSTRAINED BOND FUND PROPERTY TYPE: SECURITIES				P	VAR 369.	12/13/2013
467,714.		PIMCO UNCONSTRAINED BOND FUND PROPERTY TYPE: SECURITIES 485,152.				P	VAR -17,438.	03/20/2014
100,000.		VANGUARD INFLATION-PROTECTED PROPERTY TYPE: SECURITIES 99,069.				P	VAR 931.	03/20/2014
1,214.		BLACKROCK STRATEGIC INCOME PROPERTY TYPE: SECURITIES				P	VAR 1,214.	07/18/2014
308,243.		GAIN FROM SCHEDULE K-1 PROPERTY TYPE: SECURITIES				P	VAR 308,243.	VAR
TOTAL GAIN(LOSS) .....							<u>2,551,294.</u>	

ATTACHMENT 1FORM 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	29,050.	2,905.	26,145.
ADVISORY MANAGEMENT FEES	81,071.	8,107.	72,964.
TOTALS	<u>110,121.</u>	<u>11,012.</u>	<u>99,109.</u>

ATTACHMENT 2FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
FEDERAL EXCISE TAX	50,000.		
PAYROLL TAX	17,934.	1,793.	16,141.
TOTALS	<u>67,934.</u>	<u>1,793.</u>	<u>16,141.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
INSURANCE	33,130.	3,313.	29,817.
OFFICE SUPPLIES	16,109.	1,611.	14,498.
BOARD EXPENSES	32,504.	3,250.	29,254.
SITE VISIT	22,832.	2,283.	20,549.
DUES AND SUBSCRIPTIONS	3,947.	395.	3,552.
SERVICE CONTRACTS	9,977.	998.	8,979.
DELIVERY EXPENSE	249.	25.	224.
BANK CHARGES	584.	58.	526.
DIABETES PROGRAM MEETING	1,581.	158.	1,423.
MISCELLANEOUS	2,880.	288.	2,592.
K-1 PORTFOLIO DEDUCTIONS		24.	
TOTALS	<u>123,793.</u>	<u>12,403.</u>	<u>111,414.</u>

ATTACHMENT 4FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INTERNATIONAL AND GLOBAL MUTUAL FUNDS	9,076,144.	9,076,144.
DOMESTIC LARGE CAP MUTUAL FUNDS	1,516,963.	1,516,963.
DOMESTIC SMALL CAP MUTUAL FUNDS	2,518,641. 256,341.	2,518,641. 256,341.
DOMESTIC EQUITY FUNDS COMMODITIES AND NATURAL RESOURCES MUTUAL FUNDS	800,586. 2,187,532.	800,586. 2,187,352.
TOTAL RETURN MUTUAL FUNDS COMMINGLED EQUITY FUNDS	129,847.	129,847.
TOTALS	<u>16,486,054.</u>	<u>16,485,874.</u>

ATTACHMENT 5FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
LONG TERM GROWTH EQUITY FUND	1,548,699.	1,548,699.
TOTALS	<u>1,548,699.</u>	<u>1,548,699.</u>

ATTACHMENT 6FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
RENT SECURITY DEPOSIT PROGRAM RELATED INVESTMENTS	6,971. 857,039.	6,971. 857,039.
TOTALS	<u>864,010.</u>	<u>864,010.</u>

ATTACHMENT 7FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EMPLOYEE BENEFIT PLAN	256,341.
TOTALS	<u>256,341.</u>

ATTACHMENT 8FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED LOSS ON INVESTMENTS	1,680,980.
TOTAL	<u>1,680,980.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 9

<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. FRIEDEMAN 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	SECRETARY & DIRECTOR 2.00	9,000.	0	0
JAMES M. SNYDER 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	TREASURER & DIRECTOR 2.00	9,000.	0	0
BARBARA BERENDT 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	DIRECTOR 2.00	6,750.	0	0
HOWARD NOCHUMSON 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	EXEC DIR/VP/ASSIT SEC.&TREAS. 40.00	203,248.	74,704.	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 9 (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 KAPPELLA, MPH 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	PROGRAM DIR., ASST. SEC/TREAS 40.00	92,897.	21,096.	0
SANDY GOLDBERG, PHD 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	DIRECTOR 2.00	7,500.	0	0
RICHARD PATTERSON, DPM, MSPH 875 NORTH MICHIGAN AVENUE 3516 CHICAGO, IL 60611	PRESIDENT/DIRECTOR 2.00	1,500.	0	0
	GRAND TOTALS	<u>356,895.</u>	<u>95,800.</u>	<u>0</u>

ATTACHMENT 10

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 11

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.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/form1041](http://www.irs.gov/form1041).

OMB No 1545-0092

**2013**

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**

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2012 Capital Loss Carryover Worksheet . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶				<b>7</b>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	9,529,595.	7,286,544.		2,243,051.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	308,243.			308,243.
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. . . . .				<b>12</b>
<b>13</b> Capital gain distributions. . . . .				<b>13</b>
<b>14</b> Gain from Form 4797, Part I. . . . .				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2012 Capital Loss Carryover Worksheet . . . . .				<b>15</b> ( )
<b>16</b> Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶				<b>16</b> 2,551,294.

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

Schedule D (Form 1041) 2013

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
<b>17</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>17</b>		
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		2,551,294.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh) . . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . . ▶	<b>19</b>		2,551,294.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>	
<b>20</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 19, column (3) or b \$3,000 . . . . . <b>20</b> ( )

**Note:** If the loss on line 19, 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.

<b>Part V Tax Computation Using Maximum Capital Gains Rates</b>	
<b>Form 1041 filers.</b> Complete this part <b>only</b> if both lines 18a and 19 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.	
<b>Caution:</b> Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instructions if:	
• Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or	
• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.	
<b>Form 990-T trusts.</b> Complete this part <b>only</b> if both lines 18a and 19 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 <b>Schedule D Tax Worksheet</b> in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.	

<b>21</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). . . . .	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . . <b>22</b>			
<b>23</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>23</b>			
<b>24</b>	Add lines 22 and 23 . . . . . <b>24</b>			
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶ <b>25</b>			
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . . <b>26</b>			
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . . <b>27</b>			
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$2,450 . . . . . <b>28</b>			
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . . <b>29</b>			
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ▶ <b>30</b>			
<b>31</b>	Enter the smaller of line 21 or line 26 . . . . . <b>31</b>			
<b>32</b>	Subtract line 30 from line 26. . . . . <b>32</b>			
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$11,950. . . . . <b>33</b>			
<b>34</b>	Add lines 27 and 30 . . . . . <b>34</b>			
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . . <b>35</b>			
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . . <b>36</b>			
<b>37</b>	Multiply line 36 by 15%. . . . . ▶ <b>37</b>			
<b>38</b>	Enter the amount from line 31 . . . . . <b>38</b>			
<b>39</b>	Add lines 30 and 36 . . . . . <b>39</b>			
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . . <b>40</b>			
<b>41</b>	Multiply line 40 by 20% . . . . . ▶ <b>41</b>			
<b>42</b>	Figure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041). . . . . <b>42</b>			
<b>43</b>	Add lines 37, 41, and 42 . . . . . <b>43</b>			
<b>44</b>	Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041). . . . . <b>44</b>			
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36). . . . . ▶ <b>45</b>			

Schedule D (Form 1041) 2013

Name(s) shown on return (Name and SSN or taxpayer identification no. not required if shown on other side)

Social security number or taxpayer identification number

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

36-1210140

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**Part II Long-Term.** Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ALLIANZGI NFJ DIVIDEND VALUE FUND		11/22/2013	100,000.	78,863.			21,137.
	MAINSTAY MARKETFIELD FUND		11/22/2013	20,000.	18,193.			1,807.
	DODGE & COX STK FD COM LKCM SMALL CAP EQUITY FUND		11/22/2013	150,000.	101,939.			48,061.
	TEMPLETON INSTITUTIONAL FOREIGN		11/22/2013	415,000.	250,761.			164,239.
	THORNBURG INTERNATIONAL VALUE		11/22/2013	75,000.	67,953.			7,047.
	LKCM SMALL CAP EQUITY FUND		11/22/2013	140,000.	127,740.			12,260.
	TEMPLETON INSTITUTIONAL FOREIGN		12/31/2013	212,118.				212,118.
	TEMPLETON INSTITUTIONAL FOREIGN		12/26/2013	5,651.				5,651.
	CREDIT SUISSE COMMODITY PRUDENTIAL JENNISON NATURAL		03/20/2014	150,000.	161,080.			-11,080.
	TEMPLETON INSTITUTIONAL FOREIGN		03/20/2014	225,000.	197,542.			27,458.
	TEMPLETON INSTITUTIONAL FOREIGN		03/20/2014	1,647,274.	1,462,546.			184,728.
	THORNBURG INTERNATIONAL VALUE		03/20/2014	2,712,097.	2,447,670.			264,427.
	CASTLE ARK INVESTMENT TRUST		09/08/2014	2,902,102.	1,788,036.			1,114,066.
	CASTLE ARK INVESTMENT TRUST		12/02/2013	200,000.				200,000.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				9,529,595.	7286544.			2,243,051.

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	PIMCO TOTAL RETURN FUN		12/13/2013	6,056.				6,056.
	PIMCO UNCONSTRAINED BOND FUND		12/13/2013	369.				369.
	PIMCO UNCONSTRAINED BOND FUND		03/20/2014	467,714.	485,152.			-17,438.
	VANGUARD INFLATION-PRO TECTED		03/20/2014	100,000.	99,069.			931.
	BLACKROCK STRATEGIC INCOME		07/18/2014	1,214.				1,214.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
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1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	GAIN FROM SCHEDULE K-1			308,243.				308,243.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				308,243.				308,243.

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**WASHINGTON SQUARE HEALTH FOUNDATION, INC.**  
**FYE 9/30/14**  
**PART XV, GRANT APPLICATION**

**36-1210140**

## **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.

**Washington Square Health Foundation Grant Application Deadlines are: June 1 and December 1 of each year, at midnight.** If these dates fall on weekend or holiday, the due date will be the next weekday business day. The June 1st grant applications are typically reviewed by the Board of Directors at the July Board Meeting and the December 1st applications are typically reviewed by the Board of Directors at the February Board Meeting. Please use the online application to apply.

At the February 2013 Board Retreat, the following broad categories were identified for consideration of future service and funding needs of grantees by "filling the gaps" of ACA:

- Senior home care, including visits and services;
- Senior medication and care plan compliance;
- Improving the discharge planning process;
- Additional resources needed for specialty care for Medicaid and ACA Exchange insured populations;
- Enhanced funding for social services that are not funded through the ACA;
- The need to maintain current level of competency of health care providers and expansion of scopes of practice only when appropriate based on education and experience;
- Enhanced cooperation and communication between local health care providers and public health services, both state and local;
- Support for enrolling currently non-covered populations in the ACA exchanges;
- Funding for specific health care and related social services not funded or adequately funded by the ACA;
- Reconsider the foundation's role in playing a lead role in major disease focused projects; and
- Consider as funding priorities, health care facilities and services not otherwise receiving significant government and third party reimbursement.

Within the above framework, 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 submitted with your grant application to the Washington Square Health Foundation and posted on your organization's website for public viewing. The link from your organization's website must also be submitted to the Washington Square Health Foundation to be posted on our website in our Annual Report.

### **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.
  - Criteria-* 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.
  - Criteria -* 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 the Washington Square Health Foundation should complete the narrative report. The actual principles and criteria follow. The report must be submitted to the Washington Square Health Foundation by uploading it as part of your online grant application *and* must be posted on your organization's website for public viewing. Also, submit the link to the report from your website to the Washington Square Health Foundation to be posted on our website in our Annual Report. The completed report will be reviewed as an extension of the organizational background section. The information should be updated once a year.
2. The Washington Square Health Foundation recognizes the diversity of organizations that provide health services. The principles will be applied flexibly, taking these differences into consideration.
3. WSHF will use the information provided within the context of the grant making 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 the Washington Square Health Foundation with information about how your organization is addressing the principles and associated criteria, please answer the following questions in three to five pages (single space, 12 point type or larger, 1 inch margins) and upload the report to the online grant application, post it on your organization's website for public viewing and submit the link to the report from your website to the Washington Square Health Foundation to be posted on our website in our Annual Report. 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 report to the Washington Square Health Foundation by uploading it as part of your online grant application and post this report on your organization's website for public viewing. Also, submit the link to the report from your website to the Washington Square Health Foundation to be posted on our website in our Annual Report.**

#### **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.

- See more at: <http://wshf.org/general-guidelines/#sthash.mFAVC1IN.dpuf>

WASHINGTON SQUARE HEALTH FOUNDATION, INC.  
FYE 8/30/14  
PART XV, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Check Number	Request Docket Number	Name	Address	Address 2	City	State	Zip Code	Public Charity Status	Request Project Title	Amount
9664	2080	Ann & Robert H. Lurie Children's Hospital of Chicago	225 E Chicago Ave	Box 4	Chicago	IL	60611	PC	Heroes for Life Campaign for Ann & Robert H. Lurie Children's Hospital of Chicago	\$ 25,000.00
9737	2080	Ann & Robert H. Lurie Children's Hospital of Chicago	225 E Chicago Ave	Box 4	Chicago	IL	60611	PC	Heroes for Life Campaign for Ann & Robert H. Lurie Children's Hospital of Chicago	\$ 25,000.00
9665	2108b	Breakthrough Urban Ministries	402 N St. Louis Ave		Chicago	IL	60624	PC	The Male Initiative	\$ 10,000.00
9666	2132b	Erie Family Health Center	1701 W Superior St		Chicago	IL	60622	PC	Washington Square Health Foundation Fellows Program at Erie Family Health Center	\$ 18,000.00
9667	2139	Ann & Robert H. Lurie Children's Hospital of Chicago	225 E Chicago Ave	Box 4	Chicago	IL	60611	PC	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$ 30,000.00
9738	2139	Ann & Robert H. Lurie Children's Hospital of Chicago	225 E Chicago Ave	Box 4	Chicago	IL	60611	PC	Hematology, Oncology and Stem Cell Transplantation Research Fellowship	\$ 30,000.00
9668	2166b	Hamard Center for Health and Human Services	1542 W Devon Avenue		Chicago	IL	60660	PC	Comprehensive Primary Care Strategy	\$ 15,500.00
9669	2166b	Chicago Children's Advocacy Center	1240 S Damen Ave		Chicago	IL	60608	PC	Raising Awareness in Service and Empowerment for African-American Families (RAISE)	\$ 5,000.00
9739	2170b	Health Leads Chicago	6501 S Promontory Dr		Chicago	IL	60649	PC	Increasing Access to Care: A Coordinated Care Model for Screening and Referring Hospital Patients with Urinary Basic Needs	\$ 10,500.00
9663	2172b	Loyola University	820 N Michigan Ave	15th Floor	Chicago	IL	60611	PC	Readiness for Residency: Mastery learning of essential clinical skills during the fourth year of medical school	\$ 11,000.00
9670	2173b	Heartland Health Outreach	1015 West Lawrence		Chicago	IL	60640	PC	Integrating Mental Health Services into Heartland Health Outreach's Primary Care Health Center	\$ 10,594.75
9740	2175	Institute of Women Today	7315 S. Yale		Chicago	IL	60621	PC	"Fit for Life": Health and Wellness Program	\$ 10,000.00
9741	2180	University of Illinois Foundation	1305 West Greens Street	Harker Hall	Urbana	IL	61801	PC	9th Annual Chicago Diabetes Project Conference	\$ 10,050.00
9248	2211	United Way of Metropolitan Chicago	333 South Wabash Avenue	30th Floor	Chicago	IL	60604	PC	Special Designated Grant to United Way of Metropolitan Chicago	\$ 1,000.00
9233	2212	A Silver Lining Foundation	134 N LaSalle St	Ste 1218	Chicago	IL	60602	PC	Special Designated Grant to A Silver Lining Foundation	\$ 2,500.00
9588	2213	Ann & Robert H. Lurie Children's Hospital of Chicago	225 E Chicago Ave	Box 4	Chicago	IL	60611	PC	Special Designated Grant for the Winter Wishes Holiday Outreach Event	\$ 10,000.00
9586	2214	Grafton First Baptist Church	PO Box 116		Grafton	WV	26354	PC	Dr. Richard B. Patterson's Board of Director Grant to the Grafton First Baptist Church	\$ 1,500.00
9742	2216	Chicago Chesed Fund	7045 N Ridgeway		Lincolnwood	IL	60712	PC	Chicago Chesed Fund Refrigerator Project	\$ 13,880.00
9671	2220a	CommunityHealth.NFP	2611 West Chicago Ave		Chicago	IL	60622	PC	Expanded Coverage Access Program (ECAP)	\$ 15,000.00
9743	2220b	CommunityHealth.NFP	2611 West Chicago Ave		Chicago	IL	60622	PC	Expanded Coverage Access Program (ECAP)	\$ 15,000.00
9672	2221	La Rabida Children's Hospital	6501 South Promontory Drive		Chicago	IL	60649	PC	La Rabida Children's Hospital Outpatient Facility Expansion Project	\$ 25,000.00
9673	2222a	Swedish Covenant Hospital	5145 N California Ave		Chicago	IL	60625	PC	A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital	\$ 5,000.00
9677	2223	Chicago Women's Health Center	1025 W Sunnyside Ave	201	Chicago	IL	60640	PC	Gynecology Program	\$ 5,000.00
9643	2225a	Northwestern University	1400 West Augusta Blvd		Chicago	IL	60642	PC	Sustaining Chicago's informal caregivers: an age friendly approach	\$ 10,472.50
9744	2225b	Northwestern University	1400 West Augusta Blvd		Chicago	IL	60642	PC	Sustaining Chicago's informal caregivers: an age friendly approach	\$ 10,472.50
9679	2227a	Asian Human Services, Inc	4753 N Broadway		Chicago	IL	60640	PC	Expanded Oral Health Services Services	\$ 17,500.00
9687	2228	Chicago Hearing Society	6610 North Clark Street		Chicago	IL	60626	PC	Chicago Hearing Society: Essential Equipment for the Hearing Health Clinic	\$ 8,550.00
9688	2234a	The Children's Clinic	320 Lake Street		Oak Park	IL	60302	PC	High Need Dental Clinic for Low-Income Children	\$ 8,325.00
9587	2238	Phoenix Community Kolial	515 E Bethany Home Rd		Phoenix	AZ	85012	PC	Howard Nohumson's Board of Director Grant for Program Support for Health Related Talmudic Learning	\$ 500.00
9628	2237	University of Illinois Foundation	1305 West Greens Street	Harker Hall	Urbana	IL	61801	PC	Special Designated Grant to the Chicago Diabetes Project	\$ 3,000.00

WASHINGTON SQUARE HEALTH FOUNDATION, INC.  
FYE 9/30/14  
PART XV, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Check Number	Request Docket Number	Name	Address	Address 2	City	State	Zip Code	Public Charity Status	Request Project Title	Amount
9680	2239a	Illinois Department of Public Health	123 Madison Street		Oak Park	IL	60302	PC	Automated Alerts to Prevent the Spread of Carbapenem-Resistant Enterobacteriaceae Among Vulnerable Patients in Healthcare Facilities	\$ 17,500.00
9745	2239b	Illinois Department of Public Health	123 Madison Street		Oak Park	IL	60302	PC	Automated Alerts to Prevent the Spread of Carbapenem-Resistant Enterobacteriaceae Among Vulnerable Patients in Healthcare Facilities	\$ 17,500.00
9624	2241	Advocate Charitable Foundation	205 West Touhy		Park Ridge	IL	60068	PC	Howard Nochumson's Board of Director Grant to the Eye Center	\$ 500.00
9689	2242	Breakthrough Urban Ministries	402 N. St. Louis Ave		Chicago	IL	60624	PC	Food Pantry Initiative Grant	\$ 25,000.00
9623	2243	A Silver Lining Foundation	134 N. LaSalle St	Ste 1218	Chicago	IL	60602	PC	Dr. Sandy Goldberg's Board of Director Grant	\$ 5,000.00
9625	2244	Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science	3333 Green Bay Road		North Chicago	IL	60064	PC	Dr. Richard B. Patterson's Board of Director Grant to the Jack Scholl Memorial Scholarship Fund for the Scholl Scholarship Benefit	\$ 2,500.00
9626	2245	Samaritan Counseling Center	690 Oak Street		Winnetka	IL	60093	PC	Mr. William B. Friedman's Board of Director Grant to Samaritan Counseling Center	\$ 500.00
9644	2246	North Park Friendship Center	3448 W. Foster		Chicago	IL	60625	PC	Dr. William N. Werner's Board of Director Grant	\$ 2,500.00
9645	2247	Hanna Boys Center	17000 Arnold Dr		Sonoma	CA	95476	PC	Mr. William B. Friedman's Board of Director Grant to the Hanna Boys Center	\$ 1,000.00
9650	2248	Torah Academy of Buffalo Grove	225 McHenry Rd		Buffalo Grove	IL	60089	PC	Howard Nochumson's Board of Director Grant	\$ 2,000.00
9696	2249	Hanna Boys Center	17000 Arnold Dr		Sonoma	CA	95476	PC	William B. Friedman's Board of Director Grant to the Hanna Boys Center in honor of Charles and Wilma Riemann	\$ 1,000.00
2250	2250	Donors Forum of Chicago	208 South LaSalle Street	Suite 1540	Chicago	IL	60604	PC	Foundation Designated Grant	\$ 1,040.00
9684	2251	Council on Foundations	1828 L Street, NW	Suite 300	Washington	DC	20036	PC	Foundation Designated Grant	\$ 1,830.00
9690	2252	Loyola University	820 N. Michigan Ave	15th Floor	Chicago	IL	60611	PC	Special Designated Board Grant	\$ 500.00
2253	2253	Horizon Hospice	833 W Chicago Ave		Chicago	IL	60642	PC	Special Designated Grant for the Pediatrics Program	\$ 5,000.00
9746	2254	Lynch Syndrome International	3650 South Pointe Circle	Suite 205-9	Laughlin	NV	89029	PC	Barbara Berendi's Board of Director Grant to Lynch Syndrome International	\$ 2,500.00
9747	2255	MPN Research Foundation	180 N Michigan Ave	Suite 1870	Chicago	IL	60601	PC	Barbara Berendi's Board of Director Grant to the MPN Research Foundation	\$ 2,500.00
9748	2256	Advocate Charitable Foundation	205 West Touhy		Park Ridge	IL	60068	PC	Dr. William N. Werner's Board of Director Grant to the Angelo P. Creliccos, MD Cancer Center Fund	\$ 1,500.00
2257	2257	American Medical Association Foundation	515 N State St	Ste 14460	Chicago	IL	60654	PC	Dr. William N. Werner's Board of Director Grant to the Illinois Honor Fund at the AMA Foundation	\$ 1,000.00
2258	2258	La Rabida Children's Hospital	6501 South Promontory Drive		Chicago	IL	60649	PC	James M. Snyder's Board of Director Grant to La Rabida Children's Hospital	\$ 2,000.00
9751	2259	Goldie's Place	5705 N. Lincoln		Chicago	IL	60659	PC	James M. Snyder's Board of Director Grant to Goldie's Place	\$ 2,000.00
9752	2260	Greater Chicago Food Depository	4100 W. Ann Lane Pl		Chicago	IL	60632	PC	James M. Snyder's Board of Director Grant to the Greater Chicago Food Depository	\$ 1,000.00
9753	2267a	Chicago Children's Advocacy Center	1240 S. Damen Ave		Chicago	IL	60608	PC	Best Practices Approach to Advocacy Staff & Leadership Development	\$ 7,500.00
9754	2269a	Lawndale Christian Health Center	3860 West Ogden Ave		Chicago	IL	60623	PC	Expanding Access to Adult Dental Services	\$ 10,000.00
9701	2273	Life Enrichment Fund of the Levy Center Inc	300 Dodge Ave		Evanston	IL	60202	PC	Mr. William B. Friedman's Board of Director Grant to Life Enrichment Fund of the Levy Center, Inc in memory of the life of Dennis Brennan Newton	\$ 250.00
9755	2274	Ray Graham Association for People with Disabilities	901 Warrenville Rd	Ste 500	Liste	IL	60532	PC	Dr. Catherine M. Creticos' Board of Director Grant to the Hanson Center Therapeutic Riding Program	\$ 1,000.00

**WASHINGTON SQUARE HEALTH FOUNDATION, INC.**

[illegible]

**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 December 31, 2014, 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 site implemented this year was PCC Community Wellness Center at Loretto Hospital.

In FY 13-14, WSHF forgave \$8,787.80 of principal from #1733 PRI through Grant #2232 fPRI to fund vital dental equipment for their clinic, a Gendex GXS-700 Sz1 Pediatric Digital Sensor.

- 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 30, 2013

Report

- July 1, 2014 to  
December 31, 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 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.

2014: 3,522 patients (with 10,778 patient visits) have received services at Heartland Health Center – Lincoln Square this year. 5,916 patients (with 18,118 patient visits) 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)

Report

- Covering January 1, 2014 through  
December 31, 2014 (Received  
February 2015)

**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.

2014: 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)

Report

- Covering the period from January 1,  
2014 through December 31, 2014  
(Received February 2015)

**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 benefitted to date from this project. Indirectly, the safety net population of the 31 health centers have benefitted.

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

2014: 34 Health Centers have directly benefitted 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)

Report

- Covering the period from January 1,  
2014 through December 31, 2014  
(Received February 2015)

**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.

2014: 1,239 patients and their family members have received services on the unit since its opening in July 2012 (estimated at 6,000 – 9,000 + when family members are included).

- 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

Report

- Covering October 1, 2014 through  
January 27, 2015

**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 benefitted to date from this project directly.

2014: 1,179 people have benefitted 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)

Report

- Covering the period from July 1, 2013 through June 30, 2014 (Received February 2015)

**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:

Mobile C.A.R.E. Foundation  
321 N. Loomis, Ste. 202  
Chicago, IL 60607

- ii. Date and amount of grant:

September 27, 2013  
\$350,000.00

- iii. This #2186 PRI grant was made to Mobile C.A.R.E. Foundation to fund a full service, mobile dental van. This rolling dental program will provides cleanings, sealants, x-rays, fillings and extractions where children go to school, live, play and participate in community programs. The Dental Van was formally launched on July 22, 2014.

2014: The Dental Van has provided 2,335 unique services to 644 low-income Chicago children. These services range from cleanings and sealants all the way to pulpotomies and extractions.

- iv. The grantee received the PRI of \$350,000.00 in 1 payments, Merrill Lynch check no. 9521, and used same to help fund the full service mobile dental van.
- 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:

Report

- Covering July 1, 2014 through December 31,  
2014 (Received February 2015)