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Form 990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015 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.

OMB No 1545-0052

2014

Open to Public Inspection

For	calendar year 2014 or tax year beginning		, and ending		
Nai	me of foundation		 <u></u>	A Employer identification	number
	RANT HOSPITAL OF CHICAGO				
	/B/A GRANT HEALTHCARE FOU			36-2167090	
Nu	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	00 NORTH WESTERN AVENUE		204	847-735-15	90
	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	AKE FOREST, IL 60045				
G (Check all that apply Initial return		rmer public charity	D 1 Foreign organizations	s, check here
	Final return	Amended return		2. Foreign organizations me	eting the 85% test
	Address change	Name change		2. Foreign organizations me check here and attach co	mputation
H	Check type of organization X Section 501(c)(3) ex			E If private foundation sta	
1 5		Other taxable private founda		under section 507(b)(1)	(A), check here
	air market value of all assets at end of year J Accounting	•	X Accrual	F If the foundation is in a	
	om Part II, col (c), line 16)	her (specify)	20010)	under section 507(b)(1)	(B), check here
<u> </u>	Analysis of Revenue and Expenses			<u> </u>	(d) Disbursements
LES	(The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	for chantable purposes
	1 Contributions, gifts, grants, etc., received	27,735.	**************************************	N/A	(cash basis only)
	2 Check In if the foundation is not required to attach Sch. 8	211133.		137.73	
	Interest on savings and temporary cash investments	35.	35.		
	4 Dividends and interest from securities	359,382.	359,382.		
	5a Gross rents	000,0021	0007002		
	b Net rental income or (loss)		······································		
a v	6a Net gain or (loss) from sale of assets not on line 10	739,773.	-1		
ž	b Gross sales price for all 3,189,588.	•	······································		
Revenue	7 Capital gain net income (from Part IV, line 2)		739,773.		
Œ	8 Net short-term capital gain				
	9 Income modifications		7		
	10a Gross sales less returns and allowances		······································		
i	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	1,517.	1,517.		
j	12 Total Add lines 1 through 11	1,128,442.	1,100,707.		
5	Compensation of officers, directors, trustees, etc	135,000.	0.		0.
ζ	14 Other employee salaries and wages				
Se Service Se	15 Pension plans, employee-benefits	1,063.	0.		0.
	i i va Legarices i	2,861.	0.		0.
Ď	b Accounting fees c Other professional fees UG 0 5 2015	8,900.	0.		0.
E E	c Other professional fees UG 05 2015	59,504.	59,504.		0.
Ě		10,649.	0.		0.
stra	18 Taxes OGDEN, UT 19 Depreciation-and-depletion	28,138.	5,821.		0.
<u>=</u>	19 Depreciation-and-depletion	64. 16,399.	0.		
Ą	20 Occupancy 21 Travel, conferences, and meetings	3,359.	0.		0.
ğ	21 Travel, conferences, and meetings 22 Printing and publications	3,333.			0.
Operating and Administrative Expens	23 Other expenses	44,340.	0.		
ij	24 Total operating and administrative	44,340.	<u></u>		0.
era	expenses Add lines 13 through 23	310,277.	65,325.		0.
Ö	25 Contributions, gifts, grants paid	1,328,500.	05,325.		1,328,500.
	26 Total expenses and disbursements.			<u> </u>	1,320,300.
	Add lines 24 and 25	1,638,777.	65,325.		1,328,500.
	27 Subtract line 26 from line 12		00,020		1,320,300
	Excess of revenue over expenses and disbursements	<510,335.	>		
	b Net investment income (if negative, enter -0-)		1,035,382.	 	
	c Adjusted net income (if negative, enter -0-)		· · · · · · · · · · · · · · · · · · ·	N/A	

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
Part II DataTice Streets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	114,727.	114,314.	114,314.
2 Savings and temporary cash investments			
3 Accounts receivable ►			
Less allowance for doubtful accounts			
4 Pledges receivable ►	777		
Less allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
			<u>.</u> .
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations		·····	
b Investments - corporate stock STMT 9	1,992,711.	1,039,356.	1,039,356.
c Investments - corporate bonds		270037000	2,003,0000
11 Investments - Land, buildings, and equipment basis			W W
Less: accumulated depreciation			
12 Investments - mortgage loans 13 Investments - other STMT 10	15,062,153.	15,315,389.	15,315,389.
10 111101111111111111111111111111111111	13,002,133.	13,313,303.	13,313,303.
Less accumulated depreciation 10,296. 10,296. 9,806.	555	490.	400
	555. 803,976.	593,332.	490. 593,332.
15 Other assets (describe ► STATEMENT 11)	003,970.	393,332.	333,332.
16 Total assets (to be completed by all filers - see the	17 074 122	17 062 001	17 062 001
instructions. Also, see page 1, item I)	220 025	17,062,881. 321,379.	17,002,001.
17 Accounts payable and accrued expenses	338,935.	321,379.	
18 Grants payable			
9 19 Deferred revenue	·····		
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
	220 025	221 270	
23 Total liabilities (add lines 17 through 22)	338,935.	321,379.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted	17,157,494.	16,264,071.	
25 Temporarily restricted	477,693.	477,431.	
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, 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			
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	17,635,187.	16,741,502.	
31 Total liabilities and net assets/fund balances	17,974,122.	17,062,881.	
Part III Analysis of Changes in Net Assets or Fund B	alancos		***
Part III Analysis of Changes in Net Assets or Fund B	alalices		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line	30		<u></u>
(must agree with end-of-year figure reported on prior year's return)		1	17,635,187.
2 Enter amount from Part I, line 27a		2	17,635,187. <510,335.
3 Other increases not included in line 2 (itemize) ▶	•	3	0.
4 Add lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·	4	17,124,852.
5 Decreases not included in line 2 (itemize) ► UNREALIZED GAIL	N(LOSS) ON INV	VESTMENTS 5	383,350.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	16,741,502.
	<u> </u>		Form 990-PF (2014)

Part IV Capital Gains and Los	ses for Tax on Investment Income		
	describe the kind(s) of property solick warehouse, or common stock, 2		(b) How acquired P - Purchase CD - Donation (c) Date acquired (mo , day, yr.) (mo , day, yr)
1a ISHARES RUSSELI	L MID-CAP		06/12/12/12/10/14
b DODGE & COX FUI	NDS		02/21/07/12/10/14
c HARBOR FD INTL	FD		02/21/07/12/10/14
d LEUTHOLD GLOBAL	L INST		02/25/11/12/10/14
e METROPOLITAN WI	EST TOT RET BD F	'D	09/03/09/12/10/14
f TEMPLETON GLOBA			09/03/0909/09/14
g VANGUARD SHORT		ADMIRAL	09/03/0910/23/14
h BBH FDS BBH SE			VARIOUS 12/10/14
VANGUARD 500 II	NDEX FUND ADMIRA	<u>T</u>	VARIOUS 12/10/14
	SEE ATTACHED		08/24/14/12/10/14
	SEE ATTACHED		VARIOUS 12/08/14
	SEE ATTACHED		VARIOUS 12/05/14
m ECKHARDT FUTUR			01/01/14/12/10/14
n ECKHARDT FUTUR			VARIOUS 12/31/14
O DRIEHAUS ACTIV	E INCOME FUND		VARIOUS 12/09/14
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 99,963.		61,874.	38,089.
b 99,976.		98,523.	1,453.
c 149,976.		141,415.	8,561.
d 249,976.		251,956.	<1,980.>
e 630,452.		565,555.	64,897.
f 199,976.		184,102.	15,874.
g 99,952.		97,790.	2,162.
h 250,000.		157,504.	92,496.
249,976.		145,854.	104,122.
16,954.		18,034.	<1,080.>
k 206,389.		213,279.	<6,890.>
134,778.		64,188.	70,590.
m 14,041.			14,041.
n 139,108.			139,108.
0 405,515.		449,741.	<44,226.>
(i) F M V as of 12/31/69	ng gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(I) Losses (from col (h))Gains (excess of col (h) gain over col (k), but not less than "-0-")
a			38,089.
b			1,453.
c			8,561.
d			<1,980.>
e			64,897.
f			15,874.
g			2,162.
h			92,496.
1			104,122.
J			<1,080.>
k			<6,890.>
			70,590.
m			14,041.
n			139,108.
0	<u></u> .		<44,226.>
2 Capital gain net income or (net ca	ipital loss) { If gain, also ente If (loss), enter "-	r in Part I, line 7 0-" in Part I, line 7	2
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	ss) as defined in sections 1222(5) a column (c)	nd (6)	3

,	(a) List ar 2-story	nd describe the kind(s) of property solo brick warehouse; or common stock, 20	d, e g , real estate, 00 shs MLC Co		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a C	CAPITAL GAINS	DIVIDENDS					
b							
_ <u>C</u>							
_d							
- 6							
<u>f</u>			<u> </u>				
_ <u>g</u> h							
<u> </u>					·		
			•				
_k							
							
<u>m</u>							
<u>n</u>			·				
_0	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	T	(h)	Gain or (loss) lus (f) minus (g)	
	242,556			-			242,556.
<u>a</u> b	242,550	•		+			212,330.
C				1			
d							
е							
<u>f</u>							
g							
h			· · · · · · · · · · · · · · · · · · ·	ļ			
			 				
		1		-	 		
1				 	·-·		
m							
n							
0							
	complete only for assets show	ving gain in column (h) and owned by t	the foundation on 12/31/69			ses (from col (h))	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (excess of but n	of col (h) gain over ot less than "-0-")	
a							242,556.
<u>b</u>							
<u>c</u>				-			
<u>d</u>			<u> </u>				
e f							
<u>'</u>				1			
h						· · · · · · · · · · · · · · · · · · ·	
1							
k				 _ _ _ _ _			
<u> </u>		-		ļ			
m				 			
<u>n</u>				1	· - · · · · · · · · · · · · · · · · · ·		
0				1			
	pital gain net income or (net o	- 11 (1000), onto	_	2			739,773.
lf (et short-term capital gain or (le gain, also enter in Part I, line & (loss), enter "-0-" in Part I, line		d (6)	3		N/A	

D/B/A GRANT HEALTHCARE FOUNDATION

(a) List and desc	and Losses for Tax on In cribe the kind(s) of property sold (e g arehouse, or common stock, 200 shs	, real estate,		(b) Hov	acquired urchase onation	(c) Date :	acquired ay, yr)	(d) Date sold (mo., day, yr)
1a				0-0	Ullation			
	STATEMENTS					-		
C								
d								
е				L.,_				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (
a		···		_				
b								
<u>C</u>								
d e 3,189,588.		·	2 440 01	_ -	 			739,773.
	l		2,449,81	3.			al (b) sais	<u>-</u>
Complete only for assets shown	(i) Adjusted basis		cess of col (I)			(k), but r	iol (h) gain not less thai	n -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any			Losses	(from col (h))
a								
<u>b</u>		· · · · · · · · · · · · · · · · · · ·						
<u>C</u>								
<u>d</u>			· · · · · · · · · · · · · · · · · · ·					739,773.
<u>e</u>				$\overline{}$				135,113.
Capital gain net income or (net c	apital loss) { If gain, also enter If (loss), enter -0-	in Part I, line i in Part I, line	7 7	} 2				739,773.
Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an							
If gain, also enter in Part I, line 8		u (0)]	·		_	
If (loss), enter -0- in Part I, line 8				<u> </u>			N/A	
······································	Jnder Section 4940(e) for				tment Inc	ome		
For optional use by domestic privat	e foundations subject to the section 4	940(a) tax on	net investment in	come)				
f section 4940(d)(2) applies, leave t	this part blank							
	·			10				Yes X No
	ction 4942 tax on the distributable am		=	1007	-			Yes A NO
	alify under section 4940(e) Do not con each column for each year, see the in			ntries				······································
(a)	(b)		one manning any c	(c)	···			(d)
Base periód years Calendar year (or tax year beginn		ributions	Net value of no		le-use assets			oùtion ratio vided by col (c))
2013		5,829.		16,4	27,334		····	.070969
2012	1,22	3,954.		15,9	45,636	•		.076758
2011		9,710.			18,039			.075051
2010		2,069.			49,638			.066784
2009	1,18	9,877.		16,9	00,860	•	1	.070403
								252255
2 Total of line 1, column (d)						2		.359965
	5-year base period - divide the total of	n line 2 by 5,	or by the number	of years				071003
the foundation has been in existe	ence if less than 5 years					3_		.071993
. Faks all a sak salis af a sa lisasika	hts are seed to codd to D. A.V. I	_					1	7 255 200
Enter the net value of noncharita	ble-use assets for 2014 from Part X, I	ine 5				4	1	7,255,208.
Multiply line 4 by line 3						_		1,242,254.
Multiply line 4 by line 3	-					5		1,242,234.
Enter 1% of net investment incor	me (1% of Part I line 27h)					6		10,354.
Entor 170 of the investment alour	(170 011 a)(1, mio 27 b)	• •	•					1070010
Add lines 5 and 6						7		1,252,608.
=	•	•				<u> </u>		_,,
Enter qualifying distributions from	m Part XII, line 4					8		1,328,500.
	n line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% t	ax rate			
See the Part VI instructions		-						

GRANT HOSPITAL OF CHICAGO

Form	990-PF (2014) D/B/A GRANT HEALTHCARE FOUNDATION 36-216	7090		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1	<u>0,3</u>	<u>54.</u>
	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-)			0.
3	Add lines 1 and 2	1	0,3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u>1</u>	0,3	<u>54.</u>
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 9, 200.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 2,500.			
d	Backup withholding erroneously withheld	_		
7	Total credits and payments Add lines 6a through 6d	1	1,7	00.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			<u>4.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,3	<u>42.</u>
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 1,342 • Refunded ▶ 11			0.
	rt VII-A Statements Regarding Activities		1.	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
_	any political campaign?	<u>1a</u>	ļ	X
b	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)?	1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1		
	distributed by the foundation in connection with the activities.			v
	Did the foundation file Form 1120-POL for this year?	1c	ļ	X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0 •			
•			•	х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
•	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.	, -		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ŀ		
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
			-	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	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	8b	Х	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Х

Х

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

0

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

Page 7

Part VIII	Information About Officers, Directors, Trustees, Foundation Name Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five higher	st-paid independent contractors for professional services. If none, enter "NON	<u> </u>	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N	ONE		
	f others receiving over \$50,000 for professional services Summary of Direct Charitable Activities		▶ 0
<u> </u>	tion's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the	
number of orga	inizations and other beneficiaries served, conferences convened, research papers produced, et	C C	Expenses
1 N	/A		
2			
3			
·			
4			
Part IX-B	Summary of Program-Related Investments	1	
	o largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 <u>N</u>	/A		
2			
All other progra	nm-related investments. See instructions		
3			
Total. Add line	es 1 through 3	<u> </u>	0 . Form 990-PF (2014)

Form 990-PF (2014)

D/B/A GRANT HEALTHCARE FOUNDATION

175	Minimum Investment Return (All domestic foundations in	nust c	omplete this	part. Foreign four	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	le, etc	, purposes		"	
а	Average monthly fair market value of securities				1a	16,704,804. 114,520.
b	Average of monthly cash balances				1b	114,520.
C	Fair market value of all other assets				10	698,654.
d	Total (add lines 1a, b, and c)				1d	17,517,978.
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e		0.		_
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	17,517,978.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount	, see II	nstructions)		4	262,770.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and or	n Part	V, line 4		5	17,255,208.
6_	Minimum Investment return. Enter 5% of line 5				6	862,760.
P	Distributable Amount (see instructions) (Section 4942(j)(3) all foreign organizations check here and do not complete this part		5) private oper	ating foundations an	d certain	
1	Minimum investment return from Part X, line 6				1	862,760.
2a	Tax on investment income for 2014 from Part VI, line 5	2a		10,354.		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b				
C	Add lines 2a and 2b			-	2c	10,354.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	852,406.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	852,406.
6	Deduction from distributable amount (see instructions)				6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part	XIII, I	ne 1		7	852,406.
P	Qualifying Distributions (see Instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	poses				1 220 500
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	1,328,500.
þ	Program-related investments - total from Part IX-B				1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charital	ble, etc	, purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the					
	Suitability test (prior IRS approval required)					
þ	Cash distribution test (attach the required schedule)				3b	1 200 500
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, a			••	4	1,328,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve	estmer	it			10 254
	income Enter 1% of Part I, line 27b			•	5	$\frac{10,354}{1,318,146}$
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years v	vhen c	alculating whe	ther the foundation (qualifies fo	r the section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2014 from Pan XI, Inn 7 2 Undescribed recent, if any, as of the end of 2014 8 Effer amount for 2015 only 1 Total for pare yeas 3 Excess distributions carryover, 4 any, to 2014 8 From 2009 3 50, 2 64, 4 From 2010 3 15, 4 49, 6 From 2011 4 34, 5 14, 8 9, 6 From 2013 8 From 2013 3 62, 8 04, 9 9, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
852, 406.	1 Distributable amount for 2014 from Part XI.			- 	
2 Understudent cores, Tens, and the end of 2914	· •				852,406.
Secrets distributions carryover, if any, to 2014 a from 2009 3.50, 2.64 b from 2010 3.15, 4.49 c from 2011 4.34, 5.14 d from 2012 4.34, 8.30 d from 2012 4.34, 8.30 d from 2013 3.62, 8.04 f Total of lines 3s through 8 T total of lines 3s through 8 T total of lines 3s through 9 Part XII, line 4		1 	t., disa:	1. 114.11.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 Excess distributions carryover, flamy, to 2014 a From 2009 3 5 0 , 2 64 .				0.	
3 Excess distributions carryows, if any, to 2014 a From 2009 315, 2449. e From 2011 434, 514. e From 2011 434, 890. e From 2013 1761 at 7184 be separated as distributions for 2014 from 2013 1761 at 7184 be separated as distributions for 2014 from 2013 1761 at 7184 be separated as distributions for 2014 from 2013 1761 at 7184 be separated as distributions for 2014 from 2013 1761 at 7184 be separated as distributions out of corpus (Election required -see instructions) 4 Applied to 2014 distributions and out of corpus (Election required -see instructions) 5 Excess distributions acryowine registed to 2014 (file a meaning speare in column, 6) is seen amount, make the more not color (all) 6 Enter the net total at each column as indicated below: 4 76, 094. 5 Excess distributions carryower registed to 2014 (file a meaning speare in column, 6) is seen amount, make the more not color (all) 5 Excess distributions carryower registed to 2014 (file a meaning speare in column, 6) is seen amount, respect to 2014 (file a meaning speare in column, 6) is seen amount, respect to 2014 (file a meaning speare in column, 6) is seen amount, respect to 2014 (file a meaning speare in column, 6) is seen amount, respect to 2014 (file a meaning speare in column, 6) is seen amount, respect to 2014 2 , 374, 015. 5 Excess distributions acryower speared to 2014 (file amount speare in column, 6) is seen amount, respect to 2015 (file amount speare in column, 6) is seen amount, respect to 2015 (file amount speare in column, 6) is seen amount, respect to 2015 (file amount speare in column, 6) is seen amount, respect to 2015 (file amount speare in column, 6) is seen amount, respect to 2015 (file amount speared in column as indicated below. 2 , 374, 015. 5 (file amount speared in column as indicated below. 2 , 374, 015. 5 (file amount speared in column, 6) is seen amount, respect to 2015 (file amount speared in column) file amount amount and indicated below. 2 , 374, 015. 5 (file amount speared in column) file amount amount amount amount amo	F	······································			
a From 2009		,	0.		
DFrom 2010	3 Excess distributions carryover, if any, to 2014	'' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
6 From 2011					
A	b From 2010 315,449.				
1 Total of lines 3s through e 2014 from Part XII, line 4 ► 5	c From 2011 434,514.				
1 Total of lines 3a through e 4 Oualifying distributions for 2014 from Part XII, line 4 * \$ 1,328,500 .					
4 Qualifying distributions for 2014 from Part XII, Ince 4 Ps. 1, 328,500. a Applied to 2013, 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 2014 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions exprover acides to 2014 (if an amount appears in column (e)) 6 Enter the net total of leath relumn as indicated below: a Corpus Add times 31.4. and 4e. Subtract line 5 b Prior years' undistributed income by Subtract line 4b from line 2 E facts the amount of prior years' undistributed income Subtract line 4b from line 2 E total the abstract most be shown and the subtract line 4b from line 2 E total time and from line 6b Taxable amount - see instructions Undistributed income for vall Subtract line 4a from line 2a Taxable amount - see instructions Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions Undistributed income for 2014 Subtract line 4a from line 2 a Taxable amount - see instructions Undistributed income for 2014 Subtract line 4a from line 2 a Taxable amount - see instructions Undistributed income for 2014 Subtract line 4a from line 2 a Taxable amount - see instructions D . Excess distributions carryover from 2009 not applied on line 5 or line 7 350, 264 . Excess distributions carryover from 2009 not applied on line 5 or line 7 350, 264 . Excess from 2010 315, 449 . Excess from 2011 434, 514 . Excess from 2011 434, 509 . Excess from 2011 434, 609 . Excess from 2011 476, 094 .	e From 2013 362,804.				
Part XII, line 4 ► \$ 1,328,500. a Appleed to 2013, but not more than line 2	f Total of lines 3a through e	1,897,921.	١		
a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) 1 Treated as distributions out of corpus (Election required - see instructions) 4 Applied to 2014 distributable amount 8 Remaining amount distributed out of corpus 5 Excess distributions cargoive region to 2014 fill an intervent appears in column (ii), the easier amount and the remaining amount distributed out of corpus 5 Excess distributions cargoive region to 2014 fill an intervent appears in column (ii), the easier amount and the promise of the column as indicated below: 2 Corpus And lines 3 (4, and 4e Subtract line 5 2 Prior years' undistributed mores Subtract line 5 2 Prior years' undistributed mores buthard in the section 4942(a) tax has been previously assessed d Subtract line 66 from line 6b Taxable amount - see instructions d Undistributed mores for 2013 Subtract line 4 from line 2a Taxable amount - see instructions Undistributed mores for 2013 Subtract line 44 from line 2a Taxable amount - see instructions Undistributed mores for 2013 Subtract line 44 from line 2a Taxable amount - see instructions Undistributed mores for 2013 Subtract line 44 from line 2a Taxable amount - see instructions 0 - 1 2 Corpus to satisfy requirements imposed by section 170((b)1(f)6) or 4942(a)3 (Election may be required - see instructions) 8 Excess distributions carryover from 209 not applied on line 5 or line 7 9 Excess distributions carryover from 209 not applied on line 5 or line 7 3 So , 264 - 9 Excess from 2010 315, 449 - b Excess from 2011 434, 514 - Excess from 2011 434, 890 - Excess from 2012 434, 890 - Excess from 2014 476, 093 - Exc	4 Qualifying distributions for 2014 from				
DAppled to undistributed moome of prior years (Election required - see instructions) 1 Treated as distributions out of corpus (Election required - see instructions) 4 Appled to 2014 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryver explicit to 2014 (first amount appease in octions (b) the same amount made be shown in column (s)) 5 Enter the net total of each column as indicated below: 2 Corpus And lenes 31 4c, and 4e Subtract line 5 b Prior years' undistributed morne Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed morne for which a notice of deficiency has been seved, 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 morne for 2013 Subtract line 4a from line 2a Taxable amount - see instructions e Undistributed morne for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed morne for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed as distributions out of corpus to satisfy requirements imposed by section 170(b)(f)(f)(f) of 494(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 9 Excess from 2011 a Excess from 2011 b Excess from 2011 a Satisfy and a from line 6a corpus for and 8 from line 6a corpus for a	Part XII, line 4 ► \$ 1,328,500 .				
years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2014 distributable amount e Remaining amount distributed out of corpus 6 Excess distributions caption to 2014 1 If an amount space in column as indicated bellow: a Corpus And innes 31. 4s, and 4e Subtract line 5 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 undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distribution and 5 from line 1 This amount must be distribution carryover from 2009 not applied on line 5 or line 7 Amounts treated as distributions carryover from 2009 not applied on line 5 or line 7 Subtract lines 7 and 8 from line 6 Excess from 2010	a Applied to 2013, but not more than line 2a			0.	
the Treated as distributions out of corpus ((Election required - see instructions) d Applied to 2014 distributed amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014 carryout and the second in coloring in the series are an according to the series are according to the series and the series are according to the series	b Applied to undistributed income of prior				With I have I have
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d Applied to 2014 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014 (if an amount appears in column (i)), the same amount must be shown in column (ii)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 31 (a., and 4e Subtract line 5 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 sisued, or on which the section 494(3) at has been previously assessed d Subtract line 6b Taxable amount - see instructions e) Undistributed income for which a notice of deficiency has been sisued, or on which the section 494(3) at has been previously assessed d Subtract line 6b Torm line 6b Taxable amount - see instructions e) Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instruct lines 4d and 5 from line 1 This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(g)(3) (Electron may be required - see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 9 Excess stributions carryover from 2009 not applied on line 5 or line 7 Analysis of line 9 a Excess stributions carryover to 2015. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess stributions carryover to 2014 Excess from 2014 4 3 4 , 8 9 0. Excess stributions carryover to 2014 6 Excess from 2014 4 3 4 , 8 9 0. Excess stributions carryover to 2014 6 Excess from 2014 4 7 6 , 0 9 4.	c Treated as distributions out of corpus				
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\$ Excess distributions carryover applied to 2014 (file amount appears in oblimit appears) in oblimit appears in oblimit appears in oblimit appears in oblimit appears) in oblimit appears in oblimit and indicated below: 2 , 374 , 015 • 5 Enter the net total of each column as indicated below: 2 , 374 , 015 • 5 Prory years' undistributed income for which a notice of deficiency has been resvously assessed of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed of distributed income for 2013 Subtract line 4 armol in - 5ee instructions e Undistributed income for 2013 Subtract line 4 armol in - 2a Taxable amount - see instructions e Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 7 Amounts traded as distributions out of corpus to satisfy required -see instructions) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2010 4 34 4 , 8 90 . decrease from 2014 4 34 4 , 8 90 . decrease from 2014 6 Excess from 2012 4 34 4 , 8 90 . decrease from 2014 6 Excess from 2013 6 Excess from 2014 4 76 , 0 94 .	d Applied to 2014 distributable amount				852,406.
State the net total of each column as indicated below:	e Remaining amount distributed out of corpus	476,094.			
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GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

Part XIV Private Operating F	oundations (see ins	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective to			▶		
b Check box to indicate whether the foun	dation is a private operatin	a foundation described	in section	4942(J)(3) or 49	42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
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					
•					<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				 	
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c			<u> </u>		
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(j)(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(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during				• •	
1 Information Regarding Foundation				<u>-</u>	· .
a List any managers of the foundation wh	•	han 2% of the total cont	tributions received by the	foundation before the clos	e of any tay
year (but only if they have contributed i	more than \$5,000) (See se	ection 507(d)(2))	indutions received by the	Touridation boloto tile clos	ic of any tax
NONE		, ,			
b List any managers of the foundation wh	10 own 10% or more of the	e stock of a corporation	/or an equally targe ports	on of the ownership of a po	ertnorchin or
other entity) of which the foundation ha			(or all equally large portion	on or the ownership or a pa	irthership or
NONE	g	•			
		<u> </u>		·	
2 Information Regarding Contribut					
Check here if the foundation in	only makes contributions t	o preselected charitable	organizations and does r	ot accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc					0
a The name, address, and telephone num					
KATE GRUBBS O'CONNOR					
500 NORTH WESTERN AV	'ENUE, SUITE	204, LAKE	FOREST, IL	60045	
b The form in which applications should	be submitted and informat	ion and materials they si	hould include		
GRANT FORM USED					
c Any submission deadlines					
JULY					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields.	kinds of institutions, or o	other factors	
THE FIELD OF HEALTHO					

Form 990-PF (2014)

36-2167090

Page 10

a Paid during the year SEE ATTACHED NONE PUBLIC	
a Paid during the year SEE ATTACHED NONE PUBLIC	
a Paid during the year SEE ATTACHED NONE PUBLIC	Amount
SEE ATTACHED NONE PUBLIC	
	1,328,500.
Total ▶ 3a	1,328,500
b Approved for future payment	
NO.	
NONE	
	
Total	

Part XVI-A	Analysi	s of Inco	me-Produ	cing Activ	ities
	73141331	3 OI 11100	1110-1 1 OGG	OILIN MOUN	11103

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclud	ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion (C)	(d) Amount	Related or exempt function income
•	code		3333		
a	 				
b			 		
C					
d			ļļ		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	35.	
4 Dividends and interest from securities			14	35. 359,382.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property	<u> </u>				
			 		
6 Net rental income or (loss) from personal	1		1 1		
property			1 1 4	1 517	
7 Other investment income			14	1,517.	
8 Gain or (loss) from sales of assets other					
than inventory			18	739,773.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	1		i		
a			1		
b					
C		-			
d			1 1		
е		*			
12 Subtotal Add columns (b), (d), and (e)		0.		1,100,707.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		1 1	13	1,100,707.
(See worksheet in line 13 instructions to verify calculations)				13	1/200/10/1
Part XVI-8 Relationship of Activities to					
Explain below how each activity for which income the foundation's exempt purposes (other than			contrib	outed importantly to the accom	plishment of
					-
					
	-			·· <u> </u>	
				·	
		715			
				······································	
				 	
		···			
				 	
				· · · · · · · · · · · · · · · · · · ·	
				·	
				 	
					
423621	 				
423621 11-24-14					Form 990-PF (2014)

Form 990-PF (2014)

D/B/A GRANT HEALTHCARE FOUNDATION

		Exempt Organ	izations					
1	Did the or	ganization directly or indir	rectly engage in any of the following	ng with any other organization	n described in section 501(c) of	-	Yes	No
	the Code ((other than section 501(c))(3) organizations) or in section 5	27, relating to political organi	zations?			
а	Transfers	from the reporting founda	ation to a noncharitable exempt or	ganization of				İ
	(1) Cash					1a(1)		X
	(2) Other	rassets				1a(2)		X
b	Other tran							
	(1) Sales	of assets to a noncharital	ble exempt organization			1b(1)		Х
			ncharitable exempt organization			1b(2)		X
	• •	al of facilities, equipment,	• •		•	1b(3)		X
	(4) Reim	bursement arrangements				1b(4)		X
	` '	s or loan guarantees			•	1b(5)		X
		•	mbership or fundraising solicitation	ons .		1b(6)		X
C			iling lists, other assets, or paid en			10		X
	-			•	vays show the fair market value of the goods,		sets.	
-					e in any transaction or sharing arrangement,		,	
			other assets, or services received		,			
(a)ı	ine no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	ents
· ·			N/A					
-								
				- 			-	
				·				
				······································				
				· · · · · · · · · · · · · · · · · · ·				
_								
								
22	le the four	ndation directly or indirect	itly affiliated with, or related to, one	or more toy exempt ereaniz	untione deposits of			
£. Q			r than section 501(c)(3)) or in sec		Zations described	Yes	Γ χ] No
h		omplete the following sch		1011 527		162	L.43	טוו ב
D	11 165, 0	(a) Name of org		(b) Type of organization	(c) Description of relations			
		N/A	Janization .	(b) Type of organization	(c) Description of totalions	,,,,p	-,,	
		11/ 22						
								
	(
		\ <i>\</i>						
	Under	penalties of perjury, I declare	that Lhave examined his return, including	ng accompanying schedules and s	statements, and to the best of my knowledge			
Si	gn and b	eller it s true, correct, and/con	mplete Declaration of preparer (other tha	n taxpayer) is based on all informe	ation of which preparer has any knowledge	ay the IRS turn with th	discuss ie prepar	this er
	ere	MALLIAN		7-29-11	st III I m A a 11 m - st	own below	(see ins	tr)?
	 	nature of officer of trustee		Date Date		A) Tes		_ No
	Loigi	Print/Type preparer's na	ame Preparer's	Date	Title Check if PTIN			
		Trinitrype preparer 3 na	Treparer s		self- employed			
Pa	nid	DENNIS P.	O'RRIEN /	is 189.		0008	822	
	eparer			LLC	Firm's EIN ► 36-4			
	se Only	rinus name FAS	Aoroi Surlawn	THC	Firm's EIN > 30-4	U 4 7 Z	U Z	
J		Firm's address S 5 0	5 BANK LANE					
		1		0045	D. 047.3	24 -	000	
		, LA	KE FOREST, IL 6	0043	Phone no 847 2	34-5		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Name of the organization

GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION

36-2167090

Employer identification number

Organiza	ation type (check or	one):	
Filers of:	:	Section:	
Form 990	or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990)-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	-	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General	Rule		
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.	or
Special I	Rules		
	sections 509(a)(1) a any one contributor	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, I line 1. Complete Parts I and II.	rom
	year, total contribut	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.	the
	year, contributions is checked, enter h purpose. Do not co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box there the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year	
but it mu	ıst answer "No" on	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990 in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION

Employer identification number

36-2167090

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
roni	Continuous (see instructions). Ose duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM C. MADLENER TRUST C/O US TRUST, 231 S. LASALLE ST. CHICAGO, IL 60697	\$ 17,851.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INGRED HIBBELER 500 N WESTERN AVE LAKE FOREST, IL 60045	\$ 9,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

36-2167090

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization GRANT HOSPITAL OF CHICAGO 36-2167090 D/B/A GRANT HEALTHCARE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

423454 11-05-14

			- Damere	arr	STATE	ZIPCODE	PROJECT DESCRIPTION
ORGANIZATION A Safe Place Lake	AMOUNT AWARDED	PROJECT NAME	ADDRESS	D14	SIAIE		for general operating support of
County Crisis Center	20 000	General Operating Support	2710 17th Street	Zhom	Whols	60039	your organization for your Access to Care for
Access Community Health Network	25.000	Access to Care for Chicago's West Side	600 West Fulton, Suster 200	Chicago	tinos		Chicago's West Side Initiative.
							for general operating support of
Alivio Medical Center	40,000	General Operating Support	966 W 21st Street	Chicago	Mingle.	60601	your organization
American Cancer		•					for your Patient Navigation
Society, Inc. Breakthrough Urban	25,000	Patient Navigation Services at Cook County Hospital	100 Tri-State International, Sulte 125	Lexister	Minols		Services at Cook County Hospital In support of your Breakthrough
Ministries	5,000	Breakthrough Dental Van	402 N, St. Louis Avene	Chicago	Minols	50624	Dental Van program
Canine Therapy Corps.	10.000	General Support/Browner Support	1700 W Irving Park Rosed, Suite 311	Снадо	#2mots	60651	in support of your Animal-Assisted Intervention institutes
	10,000	General Support/Program Support	1100 W WING FAIR HOME, MARK 511	Cacago			in support of your mental health
Center on Haisted Chicago Childrens	35,000	Behavioral Health Services	3656 N Halated Street	Oskaje	@hols	60613	services program in support of your reental health
Advectory Center	25,000	Mental Health Program	1240 South Demon Avenue	Chicago	Illinois		program
Chicago Family Health					Quinois		for general operating support of your organization
Center Children's Research	30,000	General Operating	9119 South Exchange Avenue	Chicago	RATIONS .		in support of your Evaluation and
Triangle	25,000	Evaluation and Treatment Fund	70 West Lake Street, Suite 1300	Chicago	Elinois		Treatment Fund for general operating support of
CommunityHealth	25,000	General Operating Support	2611 W Chicago Avenue	Chicago	filmola	60622	your organization
							in support of your Chicago
Dental Lifeline Network	15.000	Elmois Donated Dental Services (DDS) Program	P O. Sex 211	Northbrook	Minok		Donated Dental Service program
ElderCARE	10,000	Expanding access to health care for northern Lake County residents ages 504	410 Grand Avenue	Waukegan	#inots		in support of your transportation assistance program
Episcopal Charities and		Julian Year: Internship and Formation Program for Young					in support of your Julian Yes!
Community Services Erie Family Health	15,000	Actults	65 East Huron	Chicago	Minois		program In support of your oral health
Center	25,000	Oral Health Program	1701 W Superior Street, 3rd Floor	Chicago	Minob		ргоргал
Esperanza Health Centers (formerly							1
Centro de Salud							to support your Care Coordination
Esperanza)	10,000	Care Coordination Program	2001 S. Celifornia Avenue, Suite 100	Charago	Minols	80608	in support of the expension of
Family Health							your Pharmaceutical Assistance
Partnership Clinic	16,000	Medication Access	401 E. Congress	Crystal Lake	@note	60014	Program
Fends Family Health		Integrating Mental Health Services for Latinos with Primary					in support of the mental health
Center	15 000		130 Washington Avenue	High-ood_	tilnos		services for the clients you serve in support of your African
Gilda's Club Chicago	20.000	African American Outreach	537 North Wells Street	Chicago	10mots	60654	American Outreach program
		· ·					in support of your comprehensive
Goldle's Place Heartland Health	25,000	Dental Care Program	5705 North Lincoln Avenue	Chicago	Minols		dental program for your Behavioral Health
Centers	20,000	HHC-Integrated Primary Care and Behavioral Health Program	3048 N. Wilton	Chicago	@inots		Integration program
Holiday Home Camp AKA Lake Geneva Fresh							
Air Association	17,500	Healthcare Operation, Healthcare Programs and Salaries	PO Box 10	Williams Bay	Whiconski	53191	for your camp health clinic for your Uncompensated Care
Hortzon Hospice and Palliative Care	10,000	General Operating Support-Uncompensated Care	833 West Chicago Avenue, Suita 300	Chargo	@bnost		program
Howard Area		. =	·				for the Eleanor Wester Dental
Coramentty Center	10,000	Eleanor Wester Dental Clinic	7648 N. Paulina Street	Chargo	Minols_	60626	Clinic for the Chicago Vision Outreach
Optometry	25,000	Chicago Vision Outreach	3241 S. Michigan Avenue	Chacaign	Minois	60616-3878	program
1-Phus of Lake County	10.000	General Operating Support	3001 Green Bay Road, Building #9, Room 130	North Chicago	Umos	60064	for general operating support of your organization
Juyenile Protective			•				for your Building Bridges to North
Association	20,000	Building Bridges to North Lawndaie (BBNL) program	1707 North Halsted Street	Стигаро	Mnois	60614	Lawridate program for your Case Management
Hospital	10,000	Case Management Program	6501 S. Promontory Drive	Chicago	Whois	60649	services
Lawrodale Christian							for your innovative Group Care Model for Pregnant Women in
Health Center	25,000	Centering Pregnancy and Parenting	3860 W Ogden Avenue	Chicago	(Tinob	60623	North and South Lawndale
Lincoln Fark Zoological					Sinois .		for your Zoomotic Disease in the Chicago Landscape program
Society Luster Learning Institute,	45,000	Zoonotic Disease in the Chicago Landscape	2001 N. Clark Street	Chicago	izanos		for general operating support of
MFP	40,000	General Operating Support for Calm Classroom	1126 Hillerest	Highland Park	Elmois	60035	your organization
			74491825				for your Units and Walkers
MetroSquash	15,000				tinols		for your Health and Wellness
MetroSquash		The MetroSquash Health & Wellness Program	5655 S. University Avenue	Chicago	tiinole	60637	for your Health and Wellness program for general operating support of
Midwest Access Project						60637 60647	for your Health and Wellness program for general operating support of your organization
Michwest Access Project Near North Health Service Corporation	15,000	The MetroSquash Health & Wellness Program	5655 S. University Avenue	Chicago	tiinole	60617 50647	for your Health and Wellness program for general operating support of
Midwest Access Project Near North Health Service Corporation Oak Park/River Forest	15,000	The MetroSquesh Health & Wellness Program General Operating Support General Operating Support	5655 S. University Avenue 2000 West Armitage Avenue 1276 N. Crybourn Avenue	Chicago Chicago	Binols Binols	60637 60647 60630	for your Health and Wellness program for general operating support of your organization for general operating support of your organization
Michwest Access Project Near North Health Service Corporation	15,000	The MetroSquash Health & Wellness Program General Operating Support	5655 S. University Avenue 2000 West Amiltage Avenue	Chicago	Binols Binols	60637 60647 60630	for your Health and Wellness program for general operating support of your or gantzation for general operating support of your organization in support of the Children's Clinic
Midwest Access Project Near North Health Service Corporation Oak Park/River Forest Infant Welfare Society	15,000 10,000 20 000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clinic	5655 S. University Avenue 2000 West Armilage Avenue 1276 N. Cyfosum Avenue 320 Lalas Street	Chicago Chicago Chicago Chicago Chicago	Binok Binok Binok	60637 50647 60610 60302	for your health and Wellness program for general operating support of your or gankration for general operating support of your organization In support of the Children's Clinic for your on-site medical clinic for
Midwest Access Project Near North Health Service Corporation Oak Park/New Forest Infant Welfare Society Pacific Garden Mission PCC Community	15,000 10,000 20 000 25,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clinic Onsits Medical Clinic for the Homeless	5655 S. University Avenue 2000 West Armilage Avenue 1276 N. Cyfosum Avenue 320 Laha Street 1458 S. Canal Street	Chicago Chicago Chicago Chicago Chicago	Binots Binots Binots Binots Cinots	60637 60647 60610 60302 60607	for your health and Welfness pregram for general operating support of your or ganksation for general operating support of your or ganksation in support of the Children's Clinic for your on-site medical clinic for homeless heldwidusts and families for general operating support of the general operating support of the general operating support of
Midwest Access Project Near North Health Service Corporation Oak Park/River Forest Infant Welfare Sodety Pacific Garden Mission	15,000 10,000 20 000 25,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clinic	5655 S. University Avenue 2000 West Armilage Avenue 1276 N. Cyfosum Avenue 320 Lalas Street	Chicago Chicago Chicago Chicago Chicago	Binok Binok Binok	60637 50647 50610 60302 50607 60302	for your health and Welfness program for general operating support of your or grankston, for general operating support of your or grankston in support of the Children's Clinic for your or discussion in support of the Children's Clinic for your on-site medical clinic for homeless included and funding for general operating support of your or grankston
Midwest Access Project Near Marth Health Servine Corporation Oak Park/New Forest Infant Welfare Society Pacific Garden Mission PCC Community Welfares Center Peer Health Exchange	15,000 10,000 20 000 25,000 25,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clinic Onsits Medical Clinic for the Homeless	5655 S. University Avenue 2000 West Armilage Avenue 1276 N. Cyfosum Avenue 320 Laha Street 1458 S. Canal Street	Chicago Chicago Chicago Chicago Chicago	Binots Binots Binots Binots Cinots	60637 50647 60610 60302 60607 60302	for your health and Widthess program for general operating support of your or gunktable. for general operating support of your or gunktable. for general operating support of your or gunktable. In support of the Children's Chile for your on-site medical clinic for your on-site medical clinic for general operating support of your or or general operating support of your or general operating support or your or general operating support of your or general operating support or your operation support or your or general operating support or your or general operating support or your operation support or your or your operation support or your operation support or your or your operation support or your operation support or your operation support or your operation support or your or your operation support or your
Mikhwest Access Project Near Nerth Health Service Corporation Oak Parly River Forest Infant Welfare Society Pacific Garden Missien PCC Community Welfiness Center Peer Health Eschange Planned Persentheed of	15,000 10,000 20 000 25,000 25,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clauc Onatia Medical Clauc for the Homeless General Operating Support General Operating Support	5655 S. University Avenue 2000 West Amilage Avenue 1276 N. Cyfosum Avenue 320 Lela Süvet 1458 S. Canal Süvet 14 Lake Süvet 130 N. Wabrah, 25th Floor	Chicago Chicago Chicago Cak Park Chicago Chicago	Elinote Elinote Elinote Elinote Elinote Elinote Elinote Elinote	60637 60647 60610 63362 60407 60302	for your health and Widthess program for general operating support of your or gankstown for general operating support of your or gankstown for general operating support of your organisation. In support of the Children's Chile for your or operating support of your organisation medicularly support of your organisation for general operating support of your organisation.
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Michwest Access Project Near Nerth Health Service Corporation Oak Park/Riber Forest Infant Welfars Society Pacific Garden Missien PCC Community Welfares Center Peer Health Exchange Flanned Parentheed of Illinois Presence Saint Reseph Hospital Friescas Canter Peer Health Exchange Flanned Parentheed of Illinois Presence Saint Reseph Hospital Friescas Center Peer Health Exchange Resepond New Rash University Medical Center Schwab Bahabilitation Hospital Sinei Health System Sinei Health System Sisterfleuse Salperban Primary Health Care Council TCA Health Chicago Lightheuse for People Whe Are Blind or Visually Impelved University impelved University of Chicago The Right Ministry University of Chicago The Right Ministry University of Chicago The City Realth Partnership	15,000 10,000 15,000 10,000 10,000 15,000 10,000 15,000 10,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Operating Support General Support of the Children's Clinic Onsite Medical Clinic for the Homeless General Operating Support General Operating Support General Operating Support General Operating Support Lebourk Clinic MPACT Project Implementation UFE Center Prescription Assistance Program Rich Release Case Management Services Object Additional Health Under the Rainbow Program General Operating General Operating for your Access To Care Initiative. TCA's Mobile Student Health Clinic Low Vision Rehabilitation Services Outreach and Health Atheirty Program (OHM) Realthcase Presention in no Urban Landes per Building Capechy for Visionable Obergo Court: Mental Health Access holistion Prescription Assistance Program	5655 S. University Avenue 2000 West Amiliage Avenue 1276 N. Cybourn Avenue 270 Lishe Street 1658 S. Canal Street 1659 N. Walbards, 25th Floor 1759 N. Walbards, 25th Floor 1759 N. Western Avenue, 56th Floor 1750 N. Western Avenue, 56th 401 1750 W. Van Bures, Sultie 250 1750 S. California Avenue	Chicago Charge Charge Charge Chicago	Binols	60637 60637 60630 6040-4407 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631	for your health and Widelines program for general operating support of your or generated for general operating support of your or generated for general operating support of your or general operating support of your for your of your for support of your Prescription Assistance your of your Prescription in support of your five support of your for holds Student Health Choic for Chucago at resuch dide communities In support of your for wision relabilitation survices for your Optimises of your for wision relabilitation survices for your Optimises of your for wision relabilitation survices In support of proper for your for wision relabilitation survices In support of proper for your for wision relabilitation survices In support of your for wision relabilitation survices In support of your for wision relabilitation or your for your f
Michwest Access Project Near Nerth Health Service Corporation Oak Park/Nover Forest Infant Weillars Society Pacific Garden Mission PCC Community Weillars Society Pacific Garden Mission PCC Community Weillars Certier Pacer Noath Pacific Garden PCC Community Weillars Certier Pacer Noath Pacific Pacer Noath Pacific Hospital Primetes Solin kneeph Hospital Primetes Solin kneeph Hospital Primetes Solin kneeph Hospital Respond Nee Rush University Medical Center Schwab Behabilitation Hospital Hospital Sinal Health System StaterHouse StaterHouse StaterHouse Chicago Lightheuse for People Who Are Billed or Visually Impalted The Right Ministry University of Chicago University of Greater Chicago Greater Chicago	15,000 10,000 15,000 10,000 10,000 15,000 10,000 15,000 10,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clinic General Support of the Children's Clinic Ondita Medical Clinic for the Homeless General Operating Support General Operating Support General Operating Support Labourd Clinic HAPACT Project implementation UFE Center Prescription Assistance Program Rush Adolescent Family Center Pregnancy Prevention Program Child & Adolescent Behavioral Health Under the Rainkow Program General Operating for your Access To Care Initiative. TCA's Mobile Student Health Clinic Low Vision Rehabilitation Services Outreach and Health Ministry Program (OHM) Reathest Prevention is no Urba Landscape Budding Capacity for Volumeable Chicago Communities Condo County Domestic Visioner Court: Mental Health Acces Initiative Prescription Assistance Program UCAN North Lawndale Compute Construction	5655 S. University Avenue 2000 West Amilage Avenue 1278 N. Crybourn Avenue 220 Lake Street 14 Lake Street 14 Lake Street 14 Lake Street 15 IN Websels, 25th Floor 18 S. Michigan Avenue, 6th Floor 200 North Lake Shore Drive 1433 N. Westels Avenue, 6th Floor 200 North Lake Shore Drive 1433 N. Westels Avenue, 6th Floor 200 North Lake Shore Drive 1433 N. Westels 1500 W. Van Buren, Suite 250 1403 S. California Avenue 1510 S. California Avenue 251 North Learnington Avenue 251 North Learnington Avenue 1510 S. California Avenue 1510 S. California Avenue 1510 S. California Avenue 1510 North Revenue 1510 W. Roosevili Road 1711 North Revenueod Avenue 1150 W. Roosevili Road 1711 North Revenueod Avenue	Chiese Ch	Eincis	60637 60637 60630 6040-4407 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631 60631	for your health and Widelines program for general operating support of your or gankation in support of the Children's Chile for your or site medical idinal for homester individuals and familiar for general operation of your or genitation in support of the Life Center in support of your Prescription Assistance program in general program in general program for the expansion of your Childhood lehandor Health tervices for your Prescription Your or gankation of your Childhood lehandor Health tervices for your Prescription Student Health Choic for Chucago is far south idea communities. In support of your love vision reliability program in support of project Colic Chicago is far south idea communities. In support of Project Colic Chicago is far south idea communities.
Middwest Access Project Near Nerth Health Service Carporation Oak Park/River Forest Infant Welfars Society Pacific Garden Mission FCC Community Welfars Society Pacific Garden Mission FCC Community Welfars Service Pacific Garden Mission Fresence Saint Joseph Hospital School Service Schwab Rehabilitation Hospital Sinat Health Syrians Sisterifouse Soburban Primary Health Care Council TCA Health Chicago Lightheuse for People Who Are Billed or Visually Impaired The Right Ministry University of Chicago University of Chicago Tresholos Segula of Greater University of Chicago University of Caretar Segula of Greater	15,000 10,000 15,000 10,000	The MetroSquash Health & Wellness Program General Operating Support General Operating Support General Support of the Children's Clinic Onatis Medical Clinic for the Homeless General Operating Support General Operating Support General Operating Support General Operating Support Labourt Clinic MEPACT Project implementation UFE Center Prescription Assistance Program Such Addisectori Emily Centar Pregnancy Prevention Program Such Addisectori Behavioral Health Under the Rainkow Program Child Addisectori Behavioral Health Under the Rainkow Program General Operating General Operating General Operating Center Operation Center Operating Center Operation Center Operating Center Operating Center Operation	5655 S. University Avenue 2000 West Amiliage Avenue 1276 N. Cybourn Avenue 220 Lahn Street 1458 S. Cahal Street 146 Lake Street 150 N. Wabada, 25th Floor 15 S. Michigan Avenue, 6th Floor 2900 North Lale Store Drive 1411 N. Western Avenue, 5th Floor 1411 N. Western Avenue, 5th Floor 1455 E. Superior Street 1401 N. Western Avenue, 5th Street 1413 F. Marchigan Avenue 1500 S. California Avenue 1500 S. California Avenue 1500 S. California Avenue 151 North Latralington Avenue	Chicago Charge Charge Charge Charge Charge Chicago	Eincis	60637 60647 60600 60302 60607 60302 60601 60603 60603 60603 60603 60603 60603 60604 60603 60604 60603 60604 60603 60604 60603 60604 60603 60604 60603	for your health and Widness program for general operating support of your or generation for general operating support of your or generation for general operating support of your or general operating support of your or general operating support of your or general operating support of your operation individuals and formitten for general operation of your or general operation of the support of the LIFI Center in support of your Prescription Assistance program In support of the Rush Addedward Family Center Center Management program for the expansion of your Chithood Behavior Health services for your Prescription Assistance program or your operation of your operation operation operation of your operation opera

2014 Tax Information Statement

Payer's Name and Address LAFOBA & CO, NOMINEE FOR THE CHICAGO TRUST COMPANY CLIENTS 50 COMMERCE DRIVE GRAYSLAKE, IL 60030-1600

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: State. Questions? 710131004 XX-XXX7090 36-3848737 Page 8 of 21
Recipient's Name and Address Ref: SLS
GRANT HEALTHCARE FOUNDATION
THE MITCHELL GROUP
500 N WESTERN AVE, STE. 204
LAKE FOREST, IL 60045

Corrected

(847)615-4015 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

	5 is not checked) f property 1Bok (a) a	s commissions and options of the second opti	38 26 37 38 38 38 38 38 38 38 38 38 38 38 38 38	Cost of Other Basis	Code - Para Adjustments	Net Gaff 3	Federal Income Tax Withheld	State
	(Box 1c) (B	30x 1b)	(Box 1d)	(Box 1e)	(Box 1f) (Box 1g)		(Box 4)	(Box 16)
Short Term Sal 200 0	les Reported on 1099-E CABOT OIL & GAS C							
127097103	06/25/2014 03	3/11/2014 A	6,789 87	7,115 00	0.00	325 13 <u></u>	0 00	0 00
120 0	CALIFORNIA RESOU	RCES CORP						
130570107	12/05/2014 09	5/13/2014 <u>A</u>	815 99	1,019 44	0 00_	-203 45	0 00	0.00
400 0	CENTERPOINT ENER	GY INC						
15189T107	12/10/2014 00	6/24/2014 A	9,347.83	9,899 96	0 00	552 13	,,000	. 0 00
Total Short Ter	rm Sales Reported on 1	1099-B	16,953.69	18,034 40	0 00	-1,080 71	0 00	0 00
Report on Fo	rm 8949, Part I, with B	sox A checked						
Long Term Sale 400 0	es Reported on 1099-B ANADARKO PETROL							
032511107	03/11/2014	D_	33,247,41	28,561,97	. 000	4,685 45	0 00	0 00
400 0	APPROACH RESOUR	CES INC			•		-	~
03834A103	06/30/2014 07	7/29/2011 D	9,099 83	10,309 88	0 00	-1,210 05	. 0 00	0 00
1000 0	APPROACH RESOUR	RCES INC						- '
03834A103	08/28/2014	D	. 17,709 70	24,422 78	0 00	-6,713 08	0 00	0.00

This is important tax information and is being furnished to the internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return

2014 Tax Information Statement

Payer's Name and Address LAFOBA & CO, NOMINEE FOR THE CHICAGO TRUST COMPANY CLIENTS 50 COMMERCE DRIVE GRAYSLAKE, IL 60030-1500

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number State:

710131004 XX-XXX7090 36-3848737

Page 9 of 21 Recipient's Name and Address
GRANT HEALTHCARE FOUNDATION THE MITCHELL GROUP 500 N. WESTERN AVE, STE 204 LAKE FOREST, IL 60045

Ref: SLS

Questions? Corrected (847)615-4015 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums Covered (Box 5 is not checked)

Covered (Box 5	5 is not checked)		, . v	. ,,			· · · · · · · · · · · · · · · · · · ·	
Description of	property (Box 1a)	المرافق المتأث	وروجين أأجأ	8	S. May 1 (4)	ار من آفساقاً وَأَنْ أَمَّا أَمَّا المحادث والأحاد الحاد	11 15 3/2	San San
	· 1000 1000 1000 1000 1000 1000 1000 10	经对应销售额	, in the second	1 7 4 4 1 1 7 7	4		Federal 2	State
Cusip	Date Sold Date	- Form 8949		Cost or Co	de.	Net Gain	income	Tax
Number	or Disposed Acquired	Checkbox	Proceeds	Other Basis - if a	ny Adjustments	or Loss,	Tax Withheld	Mithhéld
200.0	(Box 1c) (Box 1b) BAKER HUGHES		(Box 1d)	(Box 1e) (Bo	ox 1f) (Box 1g)		(Box 4)	(Box 16)
057224107	12/08/2014 07/01/2013	D	11,259 77	9,3 <u>97</u> 98	0 <u>_0</u> 0	1,861 7,9	. 000	0.00
400 0	ENSCO PLC SHS CLASS A							
G3157S106	01/27/2014 12/21/2011	D	20,383 68	18,900 00	0.00	1,483 68	0 00	0 00
200 0	EQT CORP							
268841109	02/10/2014_ 02/08/2013	.D .	18,791 69	12,349 98	0 00	6,441.71	ō òo	0 00
200 0	NEWFIELD EXPLORATION CO							
651290108	06/27/2014 02/17/2011	D	8,687.82	13,905 66	. 0 00	-5,217 84	0 00	0 00
1000 0	ROWAN COMPANIES PLC SHS CL	4						
G7665A101	10/17/2014	D	23,239 58	35,253 97	0 00	-12,014 39	000	o óo
1600 0	STATOILHYDRO ASA ADR							
85771P102	10/17/2014 06/20/2013	D	36,767 18	33,744 00	0 00	3,023.18	0 00.	. (0 00
11000	SUPERIOR ENERGY SVCS INC							
868157108	11/18/2014 10/11/2011	D	27,202.50	26,433 11	000	769 39	. 0 00	0.00
Total Long Ter	m Sales Reported on 1099-B	2	206,389 16	213,279 33	0 00	-6,890 16	0 00	0 00

Report on Form 8949, Part II, with Box D checked

Thus is important tax information and is being furnished to the Internal Revenue Service (except as indicated) If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return

2014 Tax Information Statement

Recipient's Tax ID Number. Payer's Federal IO Number. Payer's State ID Number Questions?

Account Number:

710131004 XX-XXX7090 36-3848737

Page 10 of 21 Recipient's Name and Address: Ref. SLS GRANT HEALTHCARE FOUNDATION THE MITCHELL GROUP 500 N. WESTERN AVE, STE 204 LAKE FOREST, IL 60045

Payer's Name and Address: LAFOBA & CO, NOMINEE FOR THE CHICAGO TRUST COMPANY CLIENTS 50 COMMERCE DRIVE GRAYSLAKE, IL 60030-1600

(847)615-4015 __ Corrected __ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated

Description of	property (Box 1a)				`	-,	2.7	· · · · ·	
\$ <u>\$</u>		17 . *		-57	1. 1.	377	a spilit	Federal	Ŝtate
CUSIP Number	Date Sold Date or Disposed Acquired	Form 8949 (°) Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	, Net Gain f or Loss	Income Tax Withheld	Tax Withheld
	(Box 1c) (Box 1b)		(Box 1d)	(Box 1s)	(Box 1f)	(Box 1g)		(Box 4)	(Box 16)
Long Term Sale 1200 0	es Reported on 1099-B CABOT OIL & GAS CORP								
127097103	08/25/2014 05/03/2010	E	40,739 21	11,020,59		0.50	29,718 62	0.00	<u>0</u> .00
120 0	CALIFORNIA RESOURCES CORP								
13057Q107	12/05/2014	E	815 99_	<u></u> 820 <u>5</u> 3		0 00,	- 4 54	0.00	0 00
200.0	HALLIBURTON								
406216101	12/08/2014 11/17/2010	E	7,867 82	7,099 64		0_00	768 18	0 00	0 00
300 0	NATIONAL FUEL GAS CO N J								
636 180 101	02/21/2014 11/02/2009	Ε .	_ 22,775 63	13,700 43		0.00	9,075 20	. 0 00	0 00
500 O	NATIONAL FUEL GAS CO N J								
636 130 101	04/17/2014	E	35,046 27	23,023 59		_ 0_00	12,022 68	. 000	0.00
125 0	POM INC								
670 1P100	06/06/2014 12/29/2009	E	4,169 91	2,279 66		0.00	1,890 25	_ 000	0 00
400 0	WILLIAMS COS INC DEL								
969457100	06/24/2014 11/02/2009	£	23,363 40	6,243 52		. 0 00	17,119 88	0 00	0 00
Total Long Terr	m Sales Reported on 1099-B		134,778 23	64,187 96		0 00	70,590 27	0 00	0 00

Report on Form 8949, Part II, with Box E checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that if has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return

FORM 990-PF INTERE	ST ON SAVING	GS AND	TEMPORA	ARY CA	SH IN	VESTMENTS	STATEMENT
SOURCE			(A) EVENUE R BOOKS			(B) VESTMENT COME	(C) ADJUSTED NET INCOME
LAKE FOREST BANK &	TRUST			35.		35.	
TOTAL TO PART I, LI	NE 3		;	35.		35.	
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM	SECUR	ITIES	STATEMENT
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	(A REVE PER E	ENUE	(B) NET INVEST MENT INCOM	
CHICAGO TRUST - MITCHELL DRIEHAUS ACTIVE	20,042.		0.		,042.	•	
INCOME FUND ECKHARDT FUTURES LP	11,789. 270.		0.	11	.,789. 270.	•	
LAZARD LTD TD AMERITRADE	120. 569,717.	242	0. ,556.	327	120. 161.		
TO PART I, LINE 4	601,938.	242	,556.	359	,382.	359,382	2.
FORM 990-PF		OTHE	R INCO	ME			STATEMENT
DESCRIPTION			RE	(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME
SETTLEMENT INCOME				1,5	17.	1,517	•
TOTAL TO FORM 990-P	F, PART I,	LINE 11		1,5	17.	1,517	•

FORM 990-PF	LEGAL	FEES	S1	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	2,861.	0.		0.
TO FM 990-PF, PG 1, LN 16A	2,861.	0.		0.
FORM 990-PF	ACCOUNTI	NG FEES	St	FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	8,900.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	8,900.	0.		0.
FORM 990-PF	OTHER PROFES	SIONAL FEES	S	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	59,504.	59,504.		0.
TO FORM 990-PF, PG 1, LN 16C	59,504.	59,504.		0.
FORM 990-PF	TAX	ES	S	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES FEDERAL EXCISE TAX FOREIGN TAXES	10,617. 11,700. 5,821.	0. 0. 5,821.		0. 0. 0.
				
TO FORM 990-PF, PG 1, LN 18	28,138.	5,821.		0.

FORM 990-PF	OTHER E	STATEMENT					
	(A) (B) PENSES NET INVI R BOOKS MENT INC			(C) ADJUSTED NET INCOM		TABLE	
OFFICE EXPENSE	44,340.		0.			0.	
TO FORM 990-PF, PG 1, LN 23	44,340.		0.			0.	
FORM 990-PF (CORPORAT	E STOCK			STATEMENT	9	
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T	
EQUITIES				1,039,356.	1,039,3	56.	
TOTAL TO FORM 990-PF, PART II, L	INE 10B			1,039,356.	1,039,3	56.	
FORM 990-PF O	THER INV	ESTMENTS			STATEMENT	10	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T	
MUTUAL FUNDS PARTNERSHIPS EXCHANGE TRADED FUNDS	ı	FMV COST FMV	13	3,604,850. 941,654. 768,885.	13,604,8 941,6 768,8	54.	
TOTAL TO FORM 990-PF, PART II, L	INE 13		15	5,315,389.	15,315,3	89.	
FORM 990-PF	OTHER	ASSETS			STATEMENT	11	
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE VALUE	T	
CASH SURRENDER VALUE - INSURANCE		433,479.	223,098.		223,098		
DELIGHT CAR THEORY		370,497.			370,234.		
BENEFICAL INTEREST IN A PERPETUAL TRUST		370,497.		370,234.	370,2	34.	

FORM 990-PF PART VIII - TRUSTEES	LIST OF OF	•		STATE	EMENT 12
NAME AND ADDRESS		LE AND HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JOSEPH S. CARR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIREC 1		0.	0.	0.
GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIREC 1	TOR .00	0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIR 1	MAN .00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045		TARY/TRI .00	EASURER 0.	0.	0.
RICHARD M. ROSS JR. 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIREC 1	TOR .00	0.	0.	0.
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045		TIVE DIE	RECTOR 135,000.	1,063.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART	VIII	135,000.	1,063.	0.

4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Identifying number

990PF

Business or activity to which this form relates

Attachment Sequence No 179

	ANT HOSPITAL OF CHIC B/A GRANT HEALTHCARE		ION	FORM	990-	-PF	PAGE	1	36-2167090
Pŧ	art Election To Expense Certain Property	Under Section 1	79 Note: If you	have any listed	proper	ty, con	nplete Part	/ before y	ou complete Part I.
	Maximum amount (see instructions)					-		1	500,000.
	Total cost of section 179 property place	d in service (see	Instructions)		•		•	2	
	Threshold cost of section 179 property b	•	•					3	2,000,000.
	Reduction in limitation. Subtract line 3 fr			-0-				4	
	Dollar limitation for tax year Subtract line 4 from line 1		•		taictions		•	5	
6	(a) Description of prop		o ii maricu iii i	(b) Cost (business		1	(c) Elected	cost	
				- : -:		+			
				· -					
				• • • • • • • • • • • • • • • • • • • •					
									
	Listed areasety. Fator the amount from I				7		•		
	Listed property Enter the amount from I				7				
	Total elected cost of section 179 proper		s in column (c),	lines 6 and 7				8	·
	Tentative deduction. Enter the smaller of		040 F 450					9	· · · · · · · · · · · · · · · · · · ·
	Carryover of disallowed deduction from	•			٠. ٠			10	
	Business income limitation. Enter the sm		•	,				11	
	Section 179 expense deduction. Add line				. —	1		12	
	Carryover of disallowed deduction to 20				▶ 13				
	e: Do not use Part II or Part III below for								
	art II Special Depreciation Allowan							-	
	Special depreciation allowance for qualif	ied property (oth	her than listed	property) place	ed in ser	vice d	uring		
	the tax year							14	
	5 Property subject to section 168(f)(1) election								
	Other depreciation (including ACRS)			 				16	<u> </u>
PE	MACRS Depreciation (Do not	include listed pi	roperty.) (See ı	nstructions.)					
									
			Sec	tion A					
	MACRS deductions for assets placed in	service in tax ye						17	64.
17	MACRS deductions for assets placed in if you are electing to group any assets placed in service	e during the tax year	ears beginning	before 2014 eneral asset accoun			▶ □		· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets placed in	e during the tax year	ears beginning	before 2014 eneral asset accoun			▶ □		· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets placed in if you are electing to group any assets placed in service	e during the tax year	ears beginning	before 2014 eneral asset accoun I Tax Year Usi lepreciation estment use		Genera	al Deprecia	tion Syste	· · · · · · · · · · · · · · · · · · ·
17 18	MACRS deductions for assets placed in lifyou are electing to group any assets placed in service Section B - Assets F	Placed in Service (b) Month and year placed	ears beginning into one or more ge e During 2014 (c) Basis for c (business/inv	before 2014 eneral asset accoun I Tax Year Usi lepreciation estment use	ng the (Genera		tion Syste	em
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17 18	MACRS deductions for assets placed in if you are electing to group any assets placed in service. Section B - Assets F (a) Classification of property 3-year property 5-year property	Placed in Service (b) Month and year placed	ears beginning into one or more ge e During 2014 (c) Basis for c (business/inv	before 2014 eneral asset accoun I Tax Year Usi lepreciation estment use	ng the (Genera		tion Syste	em
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17 18 19a b c d e f 9 h i	MACRS deductions for assets placed in if you are electing to group any assets placed in service. Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Placetion	le during the tax year Placed in Service (b) Month and year placed in Service / / / aced in Service / 28 4 through 17, lin of your return. Page 19 of	ears beginning into one or more ge the During 2014 (c) Basis for the Court only - see in During 2014 es 19 and 20 in partnerships and	before 2014 eneral asset account Tax Year Usi lepreciation estructions) Tax Year Usin Tax Year Usin of Column (g), a d S corporation	25 yrs 27.5 yr 27.5 yr 39 yrs 40 yrs	General services of the servic	MM MM MM MM MM MM	S/L	em (g) Depreciation deduction
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D/B/A GRANT HEALTHCARE FOUNDATION

Form	14562 (2014)		VY GIVY									_ 	<u> </u>		age z
Par	t V Listed Proper			ertain oth	ner vehic	les, cert	ain airci	raft, ce	rtain com	outers, a	nd prop	erty use	d for en	tertainme	ent,
	recreation, or a	amusement.)	hich vou are	using the	etandar	d milean	a rata o	r dadui	ctina lessa	AYNANS	e como	lete on i v	24a. 24	tb. colun	nns (a)
	through (c) of S	Section A, all	l of Section E	sing the B, and Sec	tion C if	applical	ole.		oung iouse						(-7
	Section A	- Depreciation	on and Othe	r Informa	ition (Ca	ution: S	ee the i	nstruc	tions for li	mits for p	asseng	er autom	obiles.)		
24a	Do you have evidence to s	support the bu	ısıness/investr	nent use cl	aimed?	Y	es 🗀	No	24b If "Y	es," is th	e evidei	nce writt	en?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(9	g)	(1	h)		(i)
	Type of property	Date placed in	Business	nt l	Cost or		is for depr iness/inve		Recovery		hod/		ciation iction		cted in 179
	(list vehicles first)	service	use percent		her basis		use only		period	Conve	ention	ueuu			st
25 S	Special depreciation all	owance for o	qualified liste	d property	placed	in servic	e during	g the ta	ax year an	d		ŀ			
	ised more than 50% in										25				
26 F	Property used more that	ın 50% ın a c	qualified busi	ness use:											
				%											_
				%											
				%									_		
27 F	Property used 50% or I	ess in a qual	Ifled busines	s use:											
				%						S/L·					
				%						S/L·					
				%						S/L·]	
28 /	Add amounts in column	(h), lines 25	through 27.	Enter her	e and or	line 21.	page 1			·	28				
	Add amounts in column												29		
==-		· (<u>V) = = - : -</u>		Section			on Use	of Vel	nicles						
Com	plete this section for ve	ehicles used	by a sole pro							or related	d persor	ı. if you p	provided	i vehicle:	S
	our employees, first ans														
, .	ar cripicy coo, mor are	mor mo que			,.										
				1 (a)	1	b)		(c)	10	<u></u> -	(6	e)	(1	r)
30 1	Fotal business/investment	miles driven d	turing the	1	hicle	1	ncle	l v	/ehicle	Veh		1	nicle	Veh	iicle
	/ear (do not include com		-	1		1		'		1.5				-	
•	Fotal commuting miles	• .				-		†							
	Fotal other personal (no	_	- •					 							-
	driven	Micominating	g/ 11111C3												
	Total miles driven durin	a the year									-				
	Add lines 30 through 3														
	Was the vehicle availab		nal usa	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	ne ioi persoi	iai use	103	1	103	110		- 1.0	1.00		1.00	110		
	Was the vehicle used p	rimarily by a	more	\				 	1	1				-	
	than 5% owner or relat		THOLE					į							
		•	onal		 	 						+	 		
	s another vehicle availa	able for perso	Onai					1				1			
	use?	0 4 0		. f F	1	/h - D		<u> </u>	for Hook	. Their E			<u> </u>	L	<u> </u>
A			- Question	-	-								ro not n	ore than	5%
	wer these questions to	determine ii	you meet an	exception	n to com	pleting	Section	D IOI V	enicies us	seu by ei	прюуес	S WIIO C	ie not n	iore mai	1 3 /0
	ers or related persons.		tomont that	arabibita :	all aaraa		of valua	loo Ino	ludina oo	mmutina	by you			Yes	No
	Do you maintain a writt	en policy sta	itement that	promons	ali perso	nai use i	o venici	es, inc	duding co	Illinutilig	, by you	11		103	110
	employees?						حمامنطمه			lina bus	1011r			-	
	Do you maintain a writt							•			our			ŀ	
	employees? See the in					mcers, c	irectors	s, or 1%	6 or more	owners					+
	Do you treat all use of v	-													
	Do you provide more th		=			informat	lion fron	n your	employee	s about					
	the use of the vehicles,													-	
	Do you meet the requir														
	Note: If your answer to	<i>37</i> , <i>38</i> , <i>39</i> , 4	40, or 41 is "	∕es," do n	ot comp	lete Sec	tion <u>B</u> f	or the o	covered ve	ehicles.					
Pa	rt VI Amortization								/-n			. 1			
	(a) Description	of costs	l _c	(b) ate amortization		(c) Amortizal	ole		(d) Code		(e) Amortiz		A	(f) .mortization	
	<u> </u>			begins	<u> </u>	amoun	<u> </u>		section		period or pe	rcentage	f	or this year	
42 /	Amortization of costs t	hat begins di	uring your 20	14 tax ye	ar:			-							
					ļ							$- \downarrow$			
					<u> </u>							, 			
43 /	Amortization of costs t	hat began be	efore your 20	14 tax yea	ar					-		43			
44	Total. Add amounts in	column (f). S	ee the instru	ctions for	where to	o report				· · · · · · · · · · · · · · · · · · ·		44			

Form 4562 (2014)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

ightharpoons

Form 8868 (Rev. 1-2014)

-	are filing for an Additional (Not Automatic) 3-Month Ext					
	complete Part II unless you have already been granted a					
	ic filing (e-file). You can electronically file Form 8868 if y					
equired	to file Form 990-T), or an addıtional (not automatıc) 3-mor	nth extens	ion of time. You can electronically file	e Form 88	368 to request an e	extension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Ti	ransfers A	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details or	n the elec	tronic filing of this	form,
ısıt wwv	virs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).		
A corpor	ation required to file Form 990-T and requesting an auton					
art I on	y				•	-
All other	corporations (including 1120-C filers), partnerships, REMi	ICs, and ti	rusts must use Form 7004 to request	an exten	sion of time	
	ome tax returns.				r's identifying nu	mber
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer	identification num	ber (EIN) or
print	GRANT HOSPITAL OF CHICAGO					
	D/B/A GRANT HEALTHCARE FOUN	DATI	NC I		36-21670	90
ile by the	Number street and record as who as If a D.O. have as			Social se	curity number (SSI	N)
due date fo filing your	500 NORTH WESTERN AVENUE, N				•	•
etum See nstructions						
	LAKE FOREST, IL 60045	roigir add	1000, 000 111011101101101			
Entar the	Return code for the return that this application is for (file	a conara	te application for each return)			0 4
Enter the	s hetath code for the retain that this application is for the	a separa	te application for each reterry			
Analiant		Return	Application			Return
Applicat	1011	Code	Is For			Code
Is For	0 or Form 000 E7					07
	O or Form 990-EZ	01	Form 990-T (corporation)			08
Form 99		02	Form 1041-A			09
	20 (individual)	03	Form 4720 (other than individual)			10
Form 99		04	Form 5227			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	O-T (trust other than above)	06	Form 8870			12
	KATE GRUBBS O'C			HODE	cm TT 60	0.45
	ooks are in the care of 500 N. WESTERN	AVE.	_	FURE	ST, 1L 60	045
-	hone No. ► 847-735-1590		Fax No.			
	organization does not have an office or place of business			•		-
If this	is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If	this is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	all memb	ers the extension	s for.
1 Ire	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl		
	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
	for the organization's return for:					
>	X calendar year 2014 or					
>	tax year beginning	, an	d ending		· ·	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
no	nrefundable credits. See instructions.			3a	\$ 1	1,700.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	timated tax payments made. Include any prior year overp			3ь	\$	9,200.
	ilance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	2,500.
	. If you are going to make an electronic funds withdrawal					
ınstructi						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14