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EXTENDED TO AUGUST 17, 2015

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation
GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

A Employer identification number
36-2167090

Number and street (or P O box number if mail is not delivered to street address) Room/suite
500 NORTH WESTERN AVENUE 204

B Telephone number
847-735-1590

City or town, state or province, country, and ZIP or foreign postal code
LAKE FOREST, IL 60045

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

D 1 Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 17,062,881.

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc , received	27,735.		N/A	
2 Check ▶ ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	35.	35.		
4 Dividends and interest from securities	359,382.	359,382.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	739,773.			
b Gross sales price for all assets on line 6a 3,189,588.				
7 Capital gain net income (from Part IV, line 2)		739,773.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	1,517.	1,517.		
12 Total Add lines 1 through 11	1,128,442.	1,100,707.		
13 Compensation of officers, directors, trustees, etc	135,000.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits	1,063.	0.		0.
16a Legal fees	2,861.	0.		0.
b Accounting fees	8,900.	0.		0.
c Other professional fees	59,504.	59,504.		0.
17 Interest	10,649.	0.		0.
18 Taxes	28,138.	5,821.		0.
19 Depreciation and depletion	64.	0.		
20 Occupancy	16,399.	0.		0.
21 Travel, conferences, and meetings	3,359.	0.		0.
22 Printing and publications				
23 Other expenses	44,340.	0.		0.
24 Total operating and administrative expenses Add lines 13 through 23	310,277.	65,325.		0.
25 Contributions, gifts, grants paid	1,328,500.			1,328,500.
26 Total expenses and disbursements. Add lines 24 and 25	1,638,777.	65,325.		1,328,500.
27 Subtract line 26 from line 12				
a 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	

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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 year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	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 ▶			
	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 ▶			
	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			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	15,062,153.	15,315,389.	15,315,389.
	14 Land, buildings, and equipment basis ▶ 10,296.			
	Less accumulated depreciation ▶ 9,806.	555.	490.	490.
	15 Other assets (describe ▶ STATEMENT 11)	803,976.	593,332.	593,332.
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	17,974,122.	17,062,881.	17,062,881.
Liabilities	17 Accounts payable and accrued expenses	338,935.	321,379.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	338,935.	321,379.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] 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.			
	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**	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 Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	17,635,187.
2	Enter amount from Part I, line 27a	2	<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 GAIN(LOSS) ON INVESTMENTS	5	383,350.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	16,741,502.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)
1a	ISHARES RUSSELL MID-CAP		06/12/12	12/10/14
b	DODGE & COX FUNDS		02/21/07	12/10/14
c	HARBOR FD INTL FD		02/21/07	12/10/14
d	LEUTHOLD GLOBAL INST		02/25/11	12/10/14
e	METROPOLITAN WEST TOT RET BD FD		09/03/09	12/10/14
f	TEMPLETON GLOBAL BOND ADVISOR FD		09/03/09	09/09/14
g	VANGUARD SHORT TERM INVT GRADE ADMIRAL		09/03/09	10/23/14
h	BBH FDS BBH SELECT CL FD		VARIOUS	12/10/14
i	VANGUARD 500 INDEX FUND ADMIRAL		VARIOUS	12/10/14
j	LAFOBA & CO - SEE ATTACHED		08/24/14	12/10/14
k	LAFOBA & CO - SEE ATTACHED		VARIOUS	12/08/14
l	LAFOBA & CO - SEE ATTACHED		VARIOUS	12/05/14
m	ECKHARDT FUTURES LP		01/01/14	12/10/14
n	ECKHARDT FUTURES LP		VARIOUS	12/31/14
o	DRIEHAUS ACTIVE 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.
i	249,976.		145,854.	104,122.
j	16,954.		18,034.	<1,080.>
k	206,389.		213,279.	<6,890.>
l	134,778.		64,188.	70,590.
m	14,041.			14,041.
n	139,108.			139,108.
o	405,515.		449,741.	<44,226.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) 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.
i				104,122.
j				<1,080.>
k				<6,890.>
l				70,590.
m				14,041.
n				139,108.
o				<44,226.>

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8	3	

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e g , real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	CAPITAL GAINS DIVIDENDS			
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

	(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	242,556.			242,556.
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col (h)) Gains (excess of col (h) gain over col (k), but not less than "-0-")
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				242,556.
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	739,773.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8	3	N/A

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Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
1a				
b	SEE ATTACHED STATEMENTS			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e	3,189,588.		2,449,815.	739,773.

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				739,773.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	739,773.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	1,165,829.	16,427,334.	.070969
2012	1,223,954.	15,945,636.	.076758
2011	1,269,710.	16,918,039.	.075051
2010	1,192,069.	17,849,638.	.066784
2009	1,189,877.	16,900,860.	.070403

2	**Total** of line 1, column (d)	2	.359965
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.071993
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	17,255,208.
5	Multiply line 4 by line 3	5	1,242,254.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	10,354.
7	Add lines 5 and 6	7	1,252,608.
8	Enter qualifying distributions from Part XII, line 4	8	1,328,500.

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

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

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% of Part I, line 27b	1	10,354.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	10,354.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	10,354.
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 — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 2,500.		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	11,700.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	4.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1,342.
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 1,342. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? *If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	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 ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV*	7	X	
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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.GRANTHEALTHCARE.ORG

14 The books are in care of ▶ KATE GRUBBS O'CONNOR Telephone no ▶ 847-735-1590

Located at ▶ 500 N. WESTERN AVE., SUITE 204, LAKE FOREST, IL ZIP+4 ▶ 60045

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the foreign country ▶			

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

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

				Yes	No
1a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☒ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☒ No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☒ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☒ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☒ No		
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	☐ Yes	☒ No		
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A		1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	☐ Yes	☒ No		
	If "Yes," list the years ▶ _____, _____, _____, _____				
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions) N/A		2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☒ No		
b	If "Yes," did it have excess business holdings in 2014 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)* N/A		3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b		X

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		135,000.	1,063.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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11-24-14

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	16,704,804.
b	Average of monthly cash balances		1b	114,520.
c	Fair market value of all other assets		1c	698,654.
d	**Total** (add lines 1a, b, and c)		1d	17,517,978.
e	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 instructions)		4	262,770.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	17,255,208.
6	**Minimum investment return.** Enter 5% of line 5		6	862,760.

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

1	Minimum investment return from Part X, line 6			1	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, line 1			7	852,406.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,328,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,328,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	10,354.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,318,146.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				852,406.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009 350,264.				
b From 2010 315,449.				
c From 2011 434,514.				
d From 2012 434,890.				
e From 2013 362,804.				
f **Total** of lines 3a through e	1,897,921.			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 1,328,500.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				852,406.
e Remaining amount distributed out of corpus	476,094.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,374,015.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	350,264.			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	2,023,751.			
10 Analysis of line 9				
a Excess from 2010 315,449.				
b Excess from 2011 434,514.				
c Excess from 2012 434,890.				
d Excess from 2013 362,804.				
e Excess from 2014 476,094.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

KATE GRUBBS O'CONNOR, GRANT HEALTHCARE FOUNDATION, 847-735-1590
500 NORTH WESTERN AVENUE, SUITE 204, LAKE FOREST, IL 60045

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

GRANT FORM USED

c Any submission deadlines

JULY

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

THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE ATTACHED	NONE	PUBLIC CHARITIES		1,328,500.
Total			▶ 3a	1,328,500.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue					
a					
b					
c					
d					
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	359,382.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
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					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		1,100,707.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,100,707.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

▶ Signature of officer or trustee 7-29-15 Date ▶ Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
DENNIS P. O'BRIEN		7/27/15		P00008832

Firm's name ▶ PASQUESI SHEPPARD LLC Firm's EIN ▶ 36-4049282

Firm's address ▶ 585 BANK LANE LAKE FOREST, IL 60045 Phone no 847 234-5000

Form **990-PF** (2014)

423622 11-24-14

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

Employer identification number
36-2167090

Organization type (check 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	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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.

(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.)
2	INGRED HIBBELER 500 N WESTERN AVE LAKE FOREST, IL 60045	$ 9,884.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

Employer identification number
36-2167090

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
		$	

Name of organization	Employer identification number
GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	36-2167090

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for 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, charitable, 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

ORGANIZATION	AMOUNT AWARDED	PROJECT NAME	ADDRESS	CITY	STATE	ZIPCODE	PROJECT DESCRIPTION
A Safe Place Lake County Crisis Center	20 000	General Operating Support	2710 17th Street	Zion	Illinois	60099	for general operating support of your organization
Access Community Health Network	25,000	Access to Care for Chicago's West Side	600 West Fulton, Suite 200	Chicago	Illinois	60661 1762	for your Access to Care for Chicago's West Side initiative.
Alivio Medical Center	40,000	General Operating Support	966 W 21st Street	Chicago	Illinois	60608	for general operating support of your organization
American Cancer Society, Inc.	25,000	Patient Navigation Services at Cook County Hospital	100 Tri-State International, Suite 125	Lincolnshire	Illinois	60069	for your Patient Navigation Services at Cook County Hospital
Breakthrough Urban Ministries	5,000	Breakthrough Dental Van	402 N. St. Louis Avenue	Chicago	Illinois	60624	in support of your Breakthrough Dental Van program
Canine Therapy Corps.	10,000	General Support/Program Support	1700 W Irving Park Road, Suite 311	Chicago	Illinois	60651	in support of your Animal-Assisted Intervention initiative
Center on Halsted	25,000	Behavioral Health Services	3656 N Halsted Street	Chicago	Illinois	60613	in support of your mental health services program
Chicago Childrens Advocacy Center	25,000	Mental Health Program	1240 South Damen Avenue	Chicago	Illinois	60608	in support of your mental health programs
Chicago Family Health Center	30,000	General Operating	9119 South Exchange Avenue	Chicago	Illinois	60617	for general operating support of your organization
Children's Research Triangle	25,000	Evaluation and Treatment Fund	70 West Lake Street, Suite 1300	Chicago	Illinois	60601	in support of your Evaluation and Treatment Fund
CommunityHealth	25,000	General Operating Support	2611 W Chicago Avenue	Chicago	Illinois	60622	for general operating support of your organization
Dental Lifeline Network	15,000	Illinois Donated Dental Services (DDS) Program	P O. Box 211	Northbrook	Illinois	60065	in support of your Chicago Donated Dental Service program
ElderCARE	10 000	Expanding access to health care for northern Lake County residents ages 50+	410 Grand Avenue	Waukegan	Illinois	60085	in support of your transportation assistance program
Episcopal Charities and Community Services	15,000	Julian Year- Internship and Formation Program for Young Adults	65 East Huron	Chicago	Illinois	60611	in support of your Julian Year program
Erie Family Health Center	25,000	Oral Health Program	1701 W Superior Street, 3rd Floor	Chicago	Illinois	60622	in support of your oral health program
Esperanza Health Centers (formerly Centro de Salud Esperanza)	10,000	Care Coordination Program	2001 S. California Avenue, Suite 100	Chicago	Illinois	60608	to support your Care Coordination program
Family Health Partnership Clinic	16,000	Medication Access	401 E. Congress	Crystal Lake	Illinois	60014	In support of the expansion of your Pharmaceutical Assistance program
Fenix Family Health Center	15 000	Integrating Mental Health Services for Latinos with Primary Care	130 Washington Avenue	Highwood	Illinois	60040	in support of the mental health services for the clients you serve
Gilda's Club Chicago	20,000	African American Outreach	537 North Wells Street	Chicago	Illinois	60654	In support of your African American Outreach program
Goldie's Place	25,000	Dental Care Program	5705 North Lincoln Avenue	Chicago	Illinois	60659	in support of your comprehensive dental program
Heartland Health Centers	20,000	HHC-Integrated Primary Care and Behavioral Health Program	3048 N. Wilton	Chicago	Illinois	60657	for your Behavioral Health Integration program
Holiday Home Camp AKA Lake Geneva Fresh Air Association	17,500	Healthcare Operation, Healthcare Programs and Salaries	PO Box 10	Williams Bay	Wisconsin	53191	for your camp health clinic
Horizon Hospice and Palliative Care	30,000	General Operating Support-Uncompensated Care	833 West Chicago Avenue, Suite 300	Chicago	Illinois	60642	for your Uncompensated Care program
Howard Area Community Center	10,000	Eleanor Wester Dental Clinic	7648 N. Paulina Street	Chicago	Illinois	60626	for the Eleanor Wester Dental Clinic
Illinois College of Optometry	25,000	Chicago Vision Outreach	3241 S. Michigan Avenue	Chicago	Illinois	60616-3878	for the Chicago Vision Outreach program
I-Plus of Lake County	10,000	General Operating Support	3001 Green Bay Road, Building #9, Room 130	North Chicago	Illinois	60064	for general operating support of your organization
Juvenile Protective Association	20,000	Building Bridges to North Lawndale (BBNL) program	1707 North Halsted Street	Chicago	Illinois	60614	for your Building Bridges to North Lawndale program
La Rabida Children's Hospital	10,000	Case Management Program	6501 S. Promontory Drive	Chicago	Illinois	60649	for your Case Management services
Lawndale Christian Health Center	25,000	Centering Pregnancy and Parenting	3860 W Ogden Avenue	Chicago	Illinois	60623	for your Innovative Group Care Model for Pregnant Women in North and South Lawndale
Lincoln Park Zoological Society	45,000	Zoonotic Disease in the Chicago Landscape	2001 N. Clark Street	Chicago	Illinois	60614	for your Zoonotic Disease in the Chicago Landscape program
Lustar Learning Institute, NFP	40,000	General Operating Support for Calm Classroom	1126 Hillcrest	Highland Park	Illinois	60035	for general operating support of your organization
MetroSquash	15,000	The MetroSquash Health & Wellness Program	5655 S. University Avenue	Chicago	Illinois	60637	for your Health and Wellness program
Midwest Access Project	15,000	General Operating Support	2000 West Armitage Avenue	Chicago	Illinois	60647	for general operating support of your organization
Near North Health Service Corporation	10,000	General Operating Support	1276 N. Clybourn Avenue	Chicago	Illinois	60610	for general operating support of your organization
Oak Park/River Forest Infant Welfare Society	20 000	General Support of the Children's Clinic	320 Lake Street	Oak Park	Illinois	60302	in support of the Children's Clinic
Pacific Garden Mission	25,000	Onsite Medical Clinic for the Homeless	1458 S. Canal Street	Chicago	Illinois	60607	for your on-site medical clinic for homeless individuals and families
PCC Community Wellness Center	25,000	General Operating Support	14 Lake Street	Oak Park	Illinois	60302	for general operating support of your organization
Peer Health Exchange	10,000	General Operating Support	330 N. Wabash, 25th Floor	Chicago	Illinois	60611	for general operating support of your organization
Planned Parenthood of Illinois	100,000	General Operating Support	18 S. Michigan Avenue, 6th Floor	Chicago	Illinois	60603	for general operating support of your organization
Presence Saint Joseph Hospital	15,000	Lebourd Clinic	2900 North Lake Shore Drive	Chicago	Illinois	60657	In support of the Lebourd Clinic
PrimeCare Community Health, Inc.	40,000	IMPACT Project Implementation	1431 N. Western Avenue, Suite 401	Chicago	Illinois	60622	In support of the IMPACT project
Rehabilitation Institute of Chicago	30,000	LIFE Center	345 E. Superior Street	Chicago	Illinois	60611	In support of the LIFE Center
Respond Now	25,000	Prescription Assistance Program	PO Box 215 1439 Emerald	Chicago Heights	Illinois	60411	in support of your Prescription Assistance program
Rush University Medical Center	30,000	Rush Adolescent Family Center Pregnancy Prevention Program	1700 W Van Buren, Suite 250	Chicago	Illinois	60612	In support of the Rush Adolescent Family Center
Schwab Rehabilitation Hospital	10,000	KidsRehab Case Management Services	1401 S California Avenue	Chicago	Illinois	60608	for your Pediatric Rehabilitation Case Management program
Sinai Health System	50,000	Child & Adolescent Behavioral Health Under the Rainbow Program	1500 S. California Avenue	Chicago	Illinois	60608 1797	for the expansion of your Childhood Behavioral Health services
SisterHouse	15,000	General Operating	851 North Leamington Avenue	Chicago	Illinois	60651	for general operating support of your organization
Suburban Primary Health Care Council	20,000	for your Access To Care Initiative.	2225 Enterprise Drive, #2507	Westchester	Illinois	60154	for your Access to Care Initative
TCA Health	10,000	TCA's Mobile Student Health Clinic	1029 East 130th Street	Chicago	Illinois	60628	for your Mobile Student Health Clinic for Chicago s far south side communities
Chicago Lighthouse for People Who Are Blind or Visually Impaired	10,000	Low Vision Rehabilitation Services	1850 W Roosevelt Road	Chicago	Illinois	60608	In support of your low vision rehabilitation services
The Night Ministry	20 000	Outreach and Health Ministry Program (OHM)	4711 North Ravenswood Avenue	Chicago	Illinois	60640-4407	for your Outreach and Health Ministry program
University of Chicago	50,000	Healthcare Innovation in an Urban Landscape- Building Capacity for Vulnerable Chicago Communities	5801 South Ellis Avenue	Chicago	Illinois	60637	In support of Project ECHO-Chicago
Thresholds	20,000	Cook County Domestic Violence Court: Mental Health Access Initiative	4101 N. Ravenswood Avenue	Chicago	Illinois	60613	for your Cook County Domestic Violence Court Mental Health Access Initiative
Tri-City Health Partnership	15,000	Prescription Assistance Program	318 Walnut Street	St. Charles	Illinois	60174	for your Prescription Assistance program
UCAN	50 000	UCAN North Lawndale Campus Construction	3737 N. Mozart Street	Chicago	Illinois	60618	in support of constructing UCAN's new North Lawndale Campus
United Cerebral Palsy Seguin of Greater Chicago	10,000	Dental Health Care Program	3100 South Central Avenue	Cicero	Illinois	60804 3987	In support of your Dental Healthcare program
Women's Reproductive Rights Assistance Project	30 000	Grant Healthcare Chicago Women's Fund	2934 1/2 Beverly Glen Circle,#169	Los Angeles	California	90077	In support of the Grant Healthcare Chicago Women s Fund

2014 Total Award **$1,328,500**

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:	**710131004**
Recipient's Tax ID Number:	**XX-XXX7090**
Payer's Federal ID Number:	**36-3848737**
Payer's State ID Number:	
State.	**IL**
Questions?	**(847)615-4015**
☐ **Corrected**	☐ **2nd TIN notice**

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

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)

Description of property (Box 1a) / Cusip Number	Date Sold or Disposed (Box 1c)	Date Acquired (Box 1b)	Form 8949 Checkbox	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code if any (Box 1f)	Adjustments (Box 1g)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 16)
Short Term Sales Reported on 1099-B										
200 0 CABOT OIL & GAS CORP										
127097103	06/25/2014	03/11/2014	A	6,789 87	7,115 00		0 00	-325 13	0 00	0 00
120 0 CALIFORNIA RESOURCES CORP										
13057Q107	12/05/2014	05/13/2014	A	815 99	1,019 44		0 00	-203 45	0 00	0 00
400 0 CENTERPOINT ENERGY INC										
15189T107	12/10/2014	06/24/2014	A	9,347 83	9,899 96		0 00	-552 13	0 00	0 00
Total Short Term Sales Reported on 1099-B				**16,953.69**	**18,034 40**		**0 00**	**-1,080 71**	**0 00**	**0 00**
Report on Form 8949, Part I, with Box A checked										
Long Term Sales Reported on 1099-B										
400 0 ANADARKO PETROLEUM										
032511107	03/11/2014		D	33,247,41	28,561 97		0 00	4,685 45	0 00	0 00
400 0 APPROACH RESOURCES INC										
03834A103	06/30/2014	07/29/2011	D	9,099 83	10,309 88		0 00	-1,210 05	0 00	0 00
1000 0 APPROACH RESOURCES 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 60030-1600

Account Number:	**710131004**
Recipient's Tax ID Number:	**XX-XXX7090**
Payer's Federal ID Number:	**36-3848737**
Payer's State ID Number	
State:	**IL**
Questions?	**(847)615-4015**

☐ **Corrected** ☐ **2nd TIN notice**

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

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)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code, if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
200.0	BAKER HUGHES									
057224107	12/08/2014	07/01/2013	D	11,259 77	9,397 98		0 00	1,861 79	0 00	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									
26884L109	02/10/2014	02/08/2013	D	18,791 69	12,349 98		0 00	6,441 71	0 00	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 A									
G7665A101	10/17/2014		D	23,239 58	35,253 97		0 00	-12,014 39	0 00	0 00
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
1100 0	SUPERIOR ENERGY SVCS INC									
868157108	11/18/2014	10/11/2011	D	27,202 50	26,433 11		0 00	769 39	0 00	0 00
Total Long Term Sales Reported on 1099-B				**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

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

Ref. SLS

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

Account Number: 710131004
Recipient's Tax ID Number: XX-XXX7090
Payer's Federal ID Number: 36-3848737
Payer's State ID Number
State: IL
Questions? (847)615-4015
__ Corrected
__ 2nd TIN notice

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

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)*

CUSIP Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
Long Term Sales Reported on 1099-B										
1200 0	CABOT OIL & GAS CORP									
127097103	08/25/2014	05/03/2010	E	40,739 21	11,020 59		0.00	29,718 62	0.00	0.00
120 0	CALIFORNIA RESOURCES CORP									
13057Q107	12/05/2014		E	815 99	820 53		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									
636180101	02/21/2014	11/02/2009	E	22,775 63	13,700 43		0.00	9,075 20	0 00	0 00
500 0	NATIONAL FUEL GAS CO N J									
636180101	04/17/2014		E	35,046 27	23,023 59		0.00	12,022 68	0 00	0.00
125 0	NOW INC									
670 1P100	06/06/2014	12/29/2009	E	4,169 91	2,279 66		0.00	1,890 25	0 00	0 00
400 0	WILLIAMS COS INC DEL									
969457100	06/24/2014	11/02/2009	E	23,363 40	6,243 52		0 00	17,119 88	0 00	0 00
Total Long Term 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 it 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 INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
LAKE FOREST BANK & TRUST	35.	35.	
TOTAL TO PART I, LINE 3	35.	35.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
CHICAGO TRUST - MITCHELL	20,042.	0.	20,042.	20,042.	
DRIEHAUS ACTIVE INCOME FUND	11,789.	0.	11,789.	11,789.	
ECKHARDT FUTURES LP	270.	0.	270.	270.	
LAZARD LTD	120.	0.	120.	120.	
TD AMERITRADE	569,717.	242,556.	327,161.	327,161.	
TO PART I, LINE 4	601,938.	242,556.	359,382.	359,382.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
SETTLEMENT INCOME	1,517.	1,517.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,517.	1,517.	

FORM 990-PF LEGAL FEES STATEMENT 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 ACCOUNTING FEES STATEMENT 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 PROFESSIONAL FEES STATEMENT 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 TAXES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	10,617.	0.		0.
FEDERAL EXCISE TAX	11,700.	0.		0.
FOREIGN TAXES	5,821.	5,821.		0.
TO FORM 990-PF, PG 1, LN 18	28,138.	5,821.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	44,340.	0.		0.
TO FORM 990-PF, PG 1, LN 23	44,340.	0.		0.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	1,039,356.	1,039,356.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,039,356.	1,039,356.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	13,604,850.	13,604,850.
PARTNERSHIPS	COST	941,654.	941,654.
EXCHANGE TRADED FUNDS	FMV	768,885.	768,885.
TOTAL TO FORM 990-PF, PART II, LINE 13		15,315,389.	15,315,389.

FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CASH SURRENDER VALUE - INSURANCE	433,479.	223,098.	223,098.
BENEFICAL INTEREST IN A PERPETUAL TRUST	370,497.	370,234.	370,234.
TO FORM 990-PF, PART II, LINE 15	803,976.	593,332.	593,332.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH S. CARR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIRMAN 1.00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY/TREASURER 1.00	0.	0.	0.
RICHARD M. ROSS JR. 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	EXECUTIVE DIRECTOR 40.00	135,000.	1,063.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		135,000.	1,063.	0.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990PF

▶ Attach to your tax return.

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

OMB No 1545-0172

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	FORM 990-PF PAGE 1	36-2167090

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	64.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	64.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:					
43 Amortization of costs that began before your 2014 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

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.**

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing ***(e-file).*** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number Employer identification number (EIN) or
	GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	36-2167090
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 NORTH WESTERN AVENUE, NO. 204	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAKE FOREST, IL 60045	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ KATE GRUBBS O'CONNOR
  500 N. WESTERN AVE., SUITE 204 - LAKE FOREST, IL 60045
  Telephone No. ▶ 847-735-1590 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2014 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	11,700.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	9,200.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	2,500.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.