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For calendar year 2014 or tax year beginning 10/01, 2014, and ending 09/30, 2015

|  |  |  |  |                                       |   |   |                                      |  |
|--|--|--|--|---------------------------------------|---|---|--------------------------------------|--|
| Name of foundation<br><b>WASHINGTON SQUARE HEALTH FOUNDATION, INC.</b>   |  | A Employer identification number<br><b>36-1210140</b>  |  |                                       |   |   |                                      |  |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>875 NORTH MICHIGAN AVENUE, SUITE 3516</b>   |  | B Telephone number (see instructions)<br><b>(312) 664-6488</b>   |  |                                       |   |   |                                      |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>CHICAGO, IL 60611</b>   |  | C If exemption application is pending, check here <input type="checkbox"/>                                       |  |                                       |   |   |                                      |  |
| G Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table> |  | <input type="checkbox"/> Initial return  | <input type="checkbox"/> Initial return of a former public charity | <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | <input type="checkbox"/> Address change | <input type="checkbox"/> Name change | D 1 Foreign organizations, check here <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| <input type="checkbox"/> Initial return  | <input type="checkbox"/> Initial return of a former public charity |  |  |                                       |   |   |                                      |  |
| <input type="checkbox"/> Final return  | <input type="checkbox"/> Amended return                            |  |  |                                       |   |   |                                      |  |
| <input type="checkbox"/> Address change  | <input type="checkbox"/> Name change                               |  |  |                                       |   |   |                                      |  |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  |  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>    |  |                                       |   |   |                                      |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>18,056,509.</b>   |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |  |                                       |   |   |                                      |  |
| J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis)   |  |  |  |                                       |   |   |                                      |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue  | 1 Contributions, gifts, grants, etc., received (attach schedule)                   | 7,265.                             |                           |                         |   |
|  | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |   |
|  | 3 Interest on savings and temporary cash investments.                              |                                    |                           |                         |   |
|  | 4 Dividends and interest from securities   | 458,037.                           | 474,617.                  |                         |   |
|  | 5a Gross rents   |                                    |                           |                         |   |
|  | b Net rental income or (loss)  |                                    |                           |                         |   |
|  | 6a Net gain or (loss) from sale of assets not on line 10                           | 2,144,447.                         |                           |                         |   |
|  | b Gross sales price for all assets on line 6a 14,677,204.                          |                                    |                           |                         |   |
|  | 7 Capital gain net income (from Part IV, line 2)                                   |                                    | 2,461,275.                |                         |   |
|  | 8 Net short-term capital gain.   |                                    |                           |                         |   |
|  | 9 Income modifications   |                                    |                           |                         |   |
|  | 10a Gross sales less returns and allowances  |                                    |                           |                         |   |
| b Less Cost of goods sold  |  |                                    |                           |                         |   |
| c Gross profit or (loss) (attach schedule)   |  |                                    |                           |                         |   |
| 11 Other income (attach schedule)  |  |                                    |                           |                         |   |
| 12 Total. Add lines 1 through 11   | 2,609,749.   | 2,935,892.                         |                           |                         |   |
| Operating and Administrative Expenses  | 13 Compensation of officers, directors, trustees, etc.                             | 377,598.                           | 37,760.                   |                         | 339,839.  |
|  | 14 Other employee salaries and wages   | 7,471.                             | 747.                      |                         | 6,724.  |
|  | 15 Pension plans, employee benefits  | 70,477.                            | 7,048.                    |                         | 63,429.   |
|  | 16a Legal fees (attach schedule) ATCH 1.   | 937.                               | 94.                       |                         | 843.  |
|  | b Accounting fees (attach schedule) ATCH 2.  | 33,186.                            | 3,319.                    |                         | 29,867.   |
|  | c Other professional fees (attach schedule) [3]                                    | 39,201.                            | 3,920.                    |                         | 35,281.   |
|  | 17 Interest  |                                    |                           |                         |   |
|  | 18 Taxes (attach schedule) (see instructions) [4]                                  | 72,915.                            | 1,875.                    |                         | 16,877.   |
|  | 19 Depreciation (attach schedule) and depletion.                                   | 8,722.                             | 872.                      |                         |   |
|  | 20 Occupancy   | 56,005.                            | 5,600.                    |                         | 50,404.   |
|  | 21 Travel, conferences, and meetings   | 9,783.                             | 978.                      |                         | 8,804.  |
|  | 22 Printing and publications   |                                    |                           |                         |   |
|  | 23 Other expenses (attach schedule) ATCH 5.  | 105,143.                           | 10,531.                   |                         | 94,629.   |
|  | 24 Total operating and administrative expenses. Add lines 13 through 23.           | 781,438.                           | 72,744.                   |                         | 646,697.  |
|  | 25 Contributions, gifts, grants paid   | 443,462.                           |                           |                         | 408,462.  |
| 26 Total expenses and disbursements Add lines 24 and 25  | 1,224,900.   | 72,744.                            | 0                         | 1,055,159.              |   |
| 27 Subtract line 26 from line 12   |  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements  | 1,384,849.   |                                    |                           |                         |   |
| b Net investment income (if negative, enter -0-)   |  | 2,863,148.                         |                           |                         |   |
| c Adjusted net income (if negative, enter -0-)   |  |                                    |                           |                         |   |

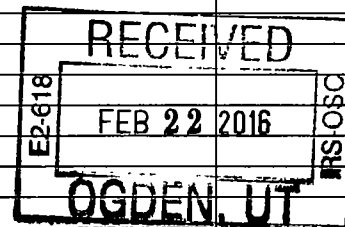
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| Part II Balance Sheets      |  | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                                     | Beginning of year   | End of year        |                       |
|-----------------------------|--|--|---|--------------------|-----------------------|
|                             |  |  | (a) Book Value  | (b) Book Value     | (c) Fair Market Value |
| Assets                      | 1  | Cash - non-interest-bearing . . . . .  | 1,178,647.  | 1,054,999.         | 1,054,999.            |
|                             | 2  | Savings and temporary cash investments . . . . .   | 41,002.   |                    |                       |
|                             | 3  | Accounts receivable ▶ 3,248.   |   |                    |                       |
|                             |  | Less allowance for doubtful accounts ▶   |   | 3,248.             | 3,248.                |
|                             | 4  | Pledges receivable ▶   |   |                    |                       |
|                             |  | Less allowance for doubtful accounts ▶   |   |                    |                       |
|                             | 5  | Grants receivable . . . . .  |   |                    |                       |
|                             | 6  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .                        |   |                    |                       |
|                             | 7  | Other notes and loans receivable (attach schedule) ▶   |   |                    |                       |
|                             |  | Less allowance for doubtful accounts ▶   |   |                    |                       |
|                             | 8  | Inventories for sale or use . . . . .  |   |                    |                       |
|                             | 9  | Prepaid expenses and deferred charges . . . . .  | 20,162.   | 28,235.            | 28,235.               |
|                             | 10a  | Investments - U S and state government obligations (attach schedule) .   |   |                    |                       |
|                             | b  | Investments - corporate stock (attach schedule) ATCH 6 . . . .   | 16,486,054.   | 16,182,805.        | 16,182,805.           |
|                             | c  | Investments - corporate bonds (attach schedule) . . . . .  |   |                    |                       |
|                             | Liabilities  | 11   | Investments - land, buildings, and equipment basis ▶<br>Less accumulated depreciation (attach schedule) ▶ |                    |                       |
| 12                          |  | Investments - mortgage loans . . . . .   |   |                    |                       |
| 13                          |  | Investments - other (attach schedule) . . . . . ATCH 7   | 1,548,699.  | 12,599.            | 12,599.               |
| 14                          |  | Land, buildings, and equipment basis ▶<br>Less accumulated depreciation (attach schedule) ▶  | 38,047.<br>17,893.  | 20,772.<br>20,154. | 20,154.               |
| 15                          |  | Other assets (describe ▶ ATCH 8 )  | 864,010.  | 754,469.           | 754,469.              |
| 16                          |  | <b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .  | 20,159,346.   | 18,056,509.        | 18,056,509.           |
| 17                          |  | Accounts payable and accrued expenses . . . . .  | 81,742.   | 40,867.            |                       |
| 18                          |  | Grants payable . . . . .   |   |                    |                       |
| 19                          |  | Deferred revenue . . . . .   |   |                    |                       |
| 20                          |  | Loans from officers, directors, trustees, and other disqualified persons   |   |                    |                       |
| Net Assets or Fund Balances | 21   | Mortgages and other notes payable (attach schedule) . . . . .  |   |                    |                       |
|                             | 22   | Other liabilities (describe ▶ ATCH 9 )   | 256,341.  | 268,571.           |                       |
|                             | 23   | <b>Total liabilities</b> (add lines 17 through 22) . . . . .   | 338,083.  | 309,438.           |                       |
|                             | 24   | <b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |   |                    |                       |
| Net Assets or Fund Balances | 25   | Unrestricted . . . . .   | 19,821,263.   | 17,747,071.        |                       |
|                             | 26   | Temporarily restricted . . . . .   |   |                    |                       |
|                             | 27   | Permanently restricted . . . . .   |   |                    |                       |
|                             | 28   | <b>Foundations that do not follow SFAS 117, . . . ▶</b> <input type="checkbox"/> <b>check here and complete lines 27 through 31.</b>                   |   |                    |                       |
|                             | 29   | Capital stock, trust principal, or current funds . . . . .   |   |                    |                       |
|                             | 30   | Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .  |   |                    |                       |
|                             | 31   | Retained earnings, accumulated income, endowment, or other funds . .   |   |                    |                       |
| 32                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .              | 19,821,263.  | 17,747,071.   |                    |                       |
| 33                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . . | 20,159,346.  | 18,056,509.   |                    |                       |

## 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 | 19,821,263. |
| 2 | Enter amount from Part I, line 27a . . . . .   | 2 | 1,384,849.  |
| 3 | Other increases not included in line 2 (itemize) ▶   | 3 |             |
| 4 | Add lines 1, 2, and 3 . . . . .  | 4 | 21,206,112. |
| 5 | Decreases not included in line 2 (itemize) ▶ ATCH 10   | 5 | 3,459,041.  |
| 6 | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . .   | 6 | 17,747,071. |

Form 990-PF (2014)

**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<br>P - Purchase<br>D - Donation   | (c) Date acquired<br>(mo, day, yr) | (d) Date sold<br>(mo, day, yr) |
|--|--|---|--|------------------------------------|--------------------------------|
| <b>1a</b> SEE PART IV SCHEDULE   |  |   |  |                                    |                                |
| <b>b</b>   |  |   |  |                                    |                                |
| <b>c</b>   |  |   |  |                                    |                                |
| <b>d</b>   |  |   |  |                                    |                                |
| <b>e</b>   |  |   |  |                                    |                                |
| (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)   |                                    |                                |
| <b>a</b>   |  |   |  |                                    |                                |
| <b>b</b>   |  |   |  |                                    |                                |
| <b>c</b>   |  |   |  |                                    |                                |
| <b>d</b>   |  |   |  |                                    |                                |
| <b>e</b>   |  |   |  |                                    |                                |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  |  |   | (i) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |                                    |                                |
| (i) F.M.V. as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col (i)<br>over col (j), if any   |  |                                    |                                |
| <b>a</b>   |  |   |  |                                    |                                |
| <b>b</b>   |  |   |  |                                    |                                |
| <b>c</b>   |  |   |  |                                    |                                |
| <b>d</b>   |  |   |  |                                    |                                |
| <b>e</b>   |  |   |  |                                    |                                |
| <b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }   |  |   | <b>2</b>   | 2,461,275.                         |                                |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in<br>Part I, line 8 |  |   | <b>3</b>   | 0                                  |                                |

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

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

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

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

☐ Yes ☒ No

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

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

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|--|--|--|---|
| 2013   | 1,228,244.                               | 20,739,957.                                  | 0.059221  |
| 2012   | 1,437,298.                               | 18,914,653.                                  | 0.075989  |
| 2011   | 1,451,619.                               | 19,066,141.                                  | 0.076136  |
| 2010   | 1,320,953.                               | 20,403,914.                                  | 0.064740  |
| 2009   | 1,295,265.                               | 19,178,165.                                  | 0.067539  |
| <b>2</b> Total of line 1, column (d)   |  |  | <b>2</b> 0.343625   |
| <b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years                                      |  |  | <b>3</b> 0.068725   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5  |  |  | <b>4</b> 19,648,925.                                      |
| <b>5</b> Multiply line 4 by line 3   |  |  | <b>5</b> 1,350,372.                                       |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)  |  |  | <b>6</b> 28,631.  |
| <b>7</b> Add lines 5 and 6   |  |  | <b>7</b> 1,379,003.                                       |
| <b>8</b> Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions |  |  | <b>8</b> 1,180,159.                                       |

|    |   |    |         |         |
|----|---|----|---------|---------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .                     | }  |         |         |
|    | Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)  |    |         |         |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . . |    | 1       | 57,263. |
| c  | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                     |    |         |         |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .  | 2  |         |         |
| 3  | Add lines 1 and 2 . . . . .   | 3  | 57,263. |         |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .                                      | 4  |         | 0       |
| 5  | <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .   | 5  | 57,263. |         |
| 6  | <b>Credits/Payments</b>   |    |         |         |
| a  | 2014 estimated tax payments and 2013 overpayment credited to 2014 . . . . .   | 6a | 53,600. |         |
| b  | Exempt foreign organizations - tax withheld at source . . . . .   | 6b |         |         |
| c  | Tax paid with application for extension of time to file (Form 8868) . . . . .   | 6c |         |         |
| d  | Backup withholding erroneously withheld . . . . .   | 6d |         |         |
| 7  | <b>Total credits and payments</b> Add lines 6a through 6d . . . . .   | 7  | 53,600. |         |
| 8  | Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached . . . . .              | 8  | 81.     |         |
| 9  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .   | 9  | 3,744.  |         |
| 10 | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .   | 10 |         |         |
| 11 | Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> . . . . .       | 11 |         |         |

|  | Yes | No |
|--|-----|----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .   |     | X  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> |     | X  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .   |     |    |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.<br>(1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____  |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____   |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>   |     | X  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .   |     | X  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .   |     |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>   |     | X  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .                 | X   |    |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>   | X   |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ►<br>IL, _____  |     |    |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i> . . . . .  | X   |    |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .   |     | X  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>  |     | X  |

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

|  |   |    |     |         |
|--|---|----|-----|---------|
| 11   | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).  | 11 |     | X       |
| 12   | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).   | 12 |     | X       |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13 | X   |         |
| Website address <b>WWW.WSHF.ORG</b>  |   |    |     |         |
| 14   | The books are in care of <b>HOWARD NOCHUMSON</b> Telephone no <b>312-664-6488</b>   |    |     |         |
| Located at <b>875 NORTH MICHIGAN AVENUE, SUITE 3516 CHICAGO, IL</b> ZIP+4 <b>60611</b> |   |    |     |         |
| 15   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>  |    |     |         |
| 16   | At any time during calendar year 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? 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 <b>▶</b> | 16 | Yes | No<br>X |

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

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

|   | Yes | No |
|---|-----|----|
| 1a During the year did the foundation (either directly or indirectly)   |     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |     |    |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |    |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |    |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance check here <input type="checkbox"/>  | 1b  | X  |
| 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? <input type="checkbox"/>  | 1c  | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |     |    |
| a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>▶</b>  |     |    |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) <input type="checkbox"/>   | 2b  |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <b>▶</b>  |     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |    |
| b If "Yes," did it have excess business holdings in 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) <input type="checkbox"/> | 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? <input type="checkbox"/>  | 4b  | X  |

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

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . . ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 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)? . . . . . ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here . . . . . ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . ☐ Yes ☐ No

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

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

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . ☐ **6b** X

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . . ☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . ☐ **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ATCH 11              |   | 377,598.                                  | 101,244.  | 0                                     |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

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

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

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

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

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

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

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

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

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

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount   |
|--|----------|
| 1 PRIMO CENTER FOR WOMEN AND CHILDREN<br>PRIMO CENTER MEDICAID EXPANSION PROGRAM                                 | 125,000. |
| 2  |          |
| All other program-related investments See instructions   |          |
| 3 NONE   |          |
| Total. Add lines 1 through 3 . . . . . ▶   | 125,000. |

Form 990-PF (2014)



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

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:           |           |             |
| <b>a</b> | Average monthly fair market value of securities . . . . .   | <b>1a</b> | 19,007,622. |
| <b>b</b> | Average of monthly cash balances . . . . .  | <b>1b</b> | 891,799.    |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .   | <b>1c</b> | 48,726.     |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) . . . . .   | <b>1d</b> | 19,948,147. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .   | <b>1e</b> |             |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets . . . . .  | <b>2</b>  |             |
| <b>3</b> | Subtract line 2 from line 1d . . . . .  | <b>3</b>  | 19,948,147. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .    | <b>4</b>  | 299,222.    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . . | <b>5</b>  | 19,648,925. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .  | <b>6</b>  | 982,446.    |

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Minimum investment return from Part X, line 6 . . . . .   | <b>1</b>  | 982,446.   |
| <b>2a</b> | Tax on investment income for 2014 from Part VI, line 5 . . . . .  | <b>2a</b> | 57,263.    |
| <b>b</b>  | Income tax for 2014. (This does not include the tax from Part VI.) . . . . .  | <b>2b</b> |            |
| <b>c</b>  | Add lines 2a and 2b . . . . .   | <b>2c</b> | 57,263.    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .                                     | <b>3</b>  | 925,183.   |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions . . . . .   | <b>4</b>  | 167,826.   |
| <b>5</b>  | Add lines 3 and 4 . . . . .   | <b>5</b>  | 1,093,009. |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .   | <b>6</b>  |            |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . . | <b>7</b>  | 1,093,009. |

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .  | <b>1a</b> | 1,055,159. |
| <b>b</b> | Program-related investments - total from Part IX-B . . . . .   | <b>1b</b> | 125,000.   |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .  | <b>2</b>  |            |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:   |           |            |
| <b>a</b> | Suitability test (prior IRS approval required) . . . . .   | <b>3a</b> |            |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .  | <b>3b</b> |            |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .                                    | <b>4</b>  | 1,180,159. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . . | <b>5</b>  | 0          |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .  | <b>6</b>  | 1,180,159. |

**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.

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

|  | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 . . . . .   |               |                            |             | 1,093,009.  |
| 2 Undistributed income, if any, as of the end of 2014  |               |                            |             |             |
| a Enter amount for 2013 only . . . . .   |               |                            |             |             |
| b Total for prior years 20 12 , 20 11 , 20 10 . . . . .  |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2014  |               |                            |             |             |
| a From 2009 . . . . . 337,479.   |               |                            |             |             |
| b From 2010 . . . . . 131,153.   |               |                            |             |             |
| c From 2011 . . . . . 423,306.   |               |                            |             |             |
| d From 2012 . . . . . 502,552.   |               |                            |             |             |
| e From 2013 . . . . . 39,421.  |               |                            |             |             |
| f Total of lines 3a through e . . . . .  | 1,433,911.    |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ► \$ 1,180,159.  |               |                            |             |             |
| 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 . . . . .   |               |                            |             | 1,093,009.  |
| e Remaining amount distributed out of corpus . . . . .   | 87,150.       |                            |             |             |
| 5 Excess distributions carryover applied to 2014 . . . . .<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                     |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .  | 1,521,061.    |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b . . . . .  |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount - see instructions . . . . .  |               |                            |             |             |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .  |               |                            |             |             |
| f Undistributed income for 2014 Subtract 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) (Election may be required - see instructions). . . . .        |               |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .  | 337,479.      |                            |             |             |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .  | 1,183,582.    |                            |             |             |
| 10 Analysis of line 9  |               |                            |             |             |
| a Excess from 2010 . . . . . 131,153.  |               |                            |             |             |
| b Excess from 2011 . . . . . 423,306.  |               |                            |             |             |
| c Excess from 2012 . . . . . 502,552.  |               |                            |             |             |
| d Excess from 2013 . . . . . 39,421.   |               |                            |             |             |
| e Excess from 2014 . . . . . 87,150.   |               |                            |             |             |

Form 990-PF (2014)

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

NOT APPLICABLE

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 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 |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2014 | (b) 2013      | (c) 2012 | (d) 2011 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |          |               |          |          |           |
| <b>a</b> "Assets" alternative test - enter   |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |          |               |          |          |           |
| <b>c</b> "Support" alternative test - enter  |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization . . . . .   |          |               |          |          |           |
| <b>(4)</b> Gross investment income . . . . .   |          |               |          |          |           |

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

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

N/A

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

N/A

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

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

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

ATCH 12

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

SEE ATTACHED STATEMENT

**c** Any submission deadlines:

ATCH 13

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

SEE ATTACHED STATEMENT

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount   |
|---|---|--------------------------------|----------------------------------|----------|
| Name and address (home or business)                     |   |                                |                                  |          |
| <b>a Paid during the year</b><br>SEE ATTACHED STATEMENT |   |                                | SEE ATTACHED                     | 443,462. |
| <b>Total</b> .....                                      |   |                                | <b>3a</b>                        | 443,462. |
| <b>b Approved for future payment</b><br>NONE            |   |                                |                                  |          |
| <b>Total</b> .....                                      |   |                                | <b>3b</b>                        | 0        |

## Enter gross amounts unless otherwise indicated

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

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**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2014**▶ **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](http://www.irs.gov/form990).**Name of the organization**

WASHINGTON SQUARE HEALTH FOUNDATION, INC.

**Employer identification number**

36-1210140

**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 foundationCheck 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 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).

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)

JSA  
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Name of organization **WASHINGTON SQUARE HEALTH FOUNDATION, INC.**Employer identification number  
36-1210140**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | G H ZENDT CHARITABLE TRUST<br>C/O BOA 231 S LASALLE ST<br>CHICAGO, IL 60697 | \$ 5,652.                  | Person <input checked="checked" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |



Name of organization WASHINGTON SQUARE HEALTH FOUNDATION, INC.

Employer identification number

36-1210140

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

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

Name of organization **WASHINGTON SQUARE HEALTH FOUNDATION, INC.**

Employer identification number

36-1210140

**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 information once. See instructions.)* ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
|---------------------------|---|-------------------------|--|
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |

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

| Kind of Property                             |                                       | Description  |                          |                                |                                    | P<br>or<br>D | Date<br>acquired     | Date sold |
|--|---------------------------------------|--|--------------------------|--------------------------------|------------------------------------|--------------|----------------------|-----------|
| Gross sale<br>price less<br>expenses of sale | Depreciation<br>allowed/<br>allowable | Cost or<br>other<br>basis  | FMV<br>as of<br>12/31/69 | Adj basis<br>as of<br>12/31/69 | Excess of<br>FMV over<br>adj basis |              | Gain<br>or<br>(loss) |           |
| 316,828.                                     |                                       | GAIN FROM SCHEDULE K-1<br>PROPERTY TYPE: SECURITIES                                |                          |                                |                                    | P            | VAR<br>316,828.      | VAR       |
| 14677204.                                    |                                       | GAIN FROM SALE OF SECURITIES - SEE ATTAC<br>PROPERTY TYPE: SECURITIES<br>12532757. |                          |                                |                                    | P            | VAR<br>2,144,447.    | VAR       |
| TOTAL GAIN(LOSS) .....                       |                                       |  |                          |                                |                                    |              | <u>2,461,275.</u>    |           |

WASHINGTON SQUARE HEALTH FOUNDATION, INC.  
 FYE 9/30/15  
 PART IV GAIN FROM SALE OF SECURITIES DETAIL

| <u>MONTH</u>       | <u>INSTITUTION</u> | <u>COST</u>       | <u>SALES<br/>PRICE</u> | <u>DESCRIPTION</u>                           | <u>GAIN<br/>(LOSS)</u> |
|--------------------|--------------------|-------------------|------------------------|--|------------------------|
|                    |                    |                   |                        | <b>EQUITIES</b>                              | <b>ACCT 313</b>        |
| 12/24/2014         | BMO HARRIS         | -                 | 133,542                | EDGEWOOD GROWTH FUND                         | 133,542                |
| 12/23/2014         | BMO HARRIS         | -                 | 21,588                 | DODGE & COX STOCK                            | 21,588                 |
| 12/31/2014         | BMO HARRIS         | -                 | 341,440                | LKCM SMALL CAP EQUITY                        | 341,440                |
| 12/26/2014         | BMO HARRIS         | -                 | 10,898                 | TEMPLETON FOREIGN EQUITY                     | 10,898                 |
| 12/30/2014         | BMO HARRIS         | -                 | 10,779                 | WASATCH INYERNATIONAL                        | 10,779                 |
| 3/30/2015          | BMO HARRIS         | -                 | 11,690                 | DODGE & COX STOCK                            | 11,690                 |
| 4/17/2015          | BMO HARRIS         | 2,902,102         | 2,980,879              | EDGEWOOD GROWTH FUND                         | 78,777                 |
| 4/17/2015          | BMO HARRIS         | 1,168,742         | 1,586,103              | ALLIANZGI NFJ                                | 417,361                |
| 10/1/2014          | BMO HARRIS         | 222,614           | 222,614                | CASTLE ARK INVESTMENTS                       | -                      |
| 4/17/2015          | BMO HARRIS         | 409,061           | 318,430                | CREDIT SUISSE COMMODITY                      | (90,631)               |
| 4/17/2015          | BMO HARRIS         | 961,992           | 1,568,862              | DODGE & COX STOCK                            | 606,870                |
| 4/17/2015          | BMO HARRIS         | 1,522,179         | 1,625,232              | HARBOR INTERNATIONAL GROWTH                  | 103,052                |
| 4/17/2015          | BMO HARRIS         | 2,393,035         | 2,876,873              | LKCM SMALL CAP EQUITY                        | 483,838                |
| 4/17/2015          | BMO HARRIS         | 1,657,021         | 1,696,382              | MAINSTAY MARKET FUND                         | 39,361                 |
| 4/17/2015          | BMO HARRIS         | 357,384           | 354,459                | PRUDENTIAL JENNISON NATURAL                  | (2,925)                |
| 4/17/2015          | BMO HARRIS         | 1,576,290         | 1,573,993              | TEMPLETON FOREIGN EQUITY                     | (2,297)                |
| 4/17/2015          | BMO HARRIS         | 1,636,124         | 1,677,667              | WASATCH INTERNATIONAL GROWTH                 | 41,543                 |
| <b>TOTAL</b>       |                    | <b>14,806,543</b> | <b>17,011,429</b>      |  | <b>2,204,886</b>       |
|                    |                    |                   |                        | <b>FIXED INCOME</b>                          |                        |
| 12/11/2014         | BMO HARRIS         | -                 | 8,732                  | PIMCO TOTAL RETURN FUND                      | 8,732                  |
| 12/29/2014         | BMO HARRIS         | -                 | 506                    | VANGUARD INFLATION-PROTECTED                 | 506                    |
| 3/27/2015          | BMO HARRIS         | -                 | 45                     | VANGUARD INFLATION-PROTECTED                 | 45                     |
| 4/17/2015          | BMO HARRIS         | 654,291           | 651,852                | BLACKROCK STRATEGIC INCOME                   | (2,439)                |
| 4/17/2015          | BMO HARRIS         | 1,209,069         | 1,167,942              | PIMCO TOTAL RETURN FUND                      | (41,128)               |
| 4/17/2015          | BMO HARRIS         | 455,081           | 438,112                | VANGUARD INFLATION-PROTECTED                 | (16,969)               |
| <b>TOTAL</b>       |                    | <b>2,318,442</b>  | <b>2,267,189</b>       |  | <b>(51,253)</b>        |
| <b>SUB TOTAL</b>   |                    | <b>17,124,985</b> | <b>19,278,618</b>      |  | <b>2,153,633</b>       |
| 9/8/2015           | VANGUARD           | 807,001           | 797,815                | SHORT TERM CORPORATE BOND INDEX              | (9,186)                |
| <b>GRAND TOTAL</b> |                    | <b>17,931,986</b> | <b>20,076,433</b>      | <b>BALANCE PER GENERAL LEDGER ACCT # 313</b> | <b>2,144,447</b>       |

ATTACHMENT 1FORM 990PF, PART I - LEGAL FEES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| LEGAL FEES         | 937.  | 94.                                  | 843.                               |                                |
| TOTALS             | <u>937.</u>                                       | <u>94.</u>                           | <u>843.</u>                        |                                |

ATTACHMENT 2FORM 990PF, PART I - ACCOUNTING FEES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| ACCOUNTING FEES    | 33,186.   | 3,319.                               |                                    | 29,867.                        |
| TOTALS             | <u>33,186.</u>                                    | <u>3,319.</u>                        |                                    | <u>29,867.</u>                 |

ATTACHMENT 3FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u>       | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| CONSULTING FEES          | 5,938.  | 594.                                 |                                    | 5,344.                         |
| ADVISORY MANAGEMENT FEES | 33,263.   | 3,326.                               |                                    | 29,937.                        |
| TOTALS                   | <u>39,201.</u>                                    | <u>3,920.</u>                        |                                    | <u>35,281.</u>                 |

ATTACHMENT 4FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| FEDERAL EXCISE TAX | 54,163.   |                                      |                                    |                                |
| PAYROLL TAX        | 18,752.   | 1,875.                               |                                    | 16,877.                        |
| TOTALS             | <u>72,915.</u>                                    | <u>1,875.</u>                        | <u></u>                            | <u>16,877.</u>                 |



ATTACHMENT 5FORM 990PF, PART I - OTHER EXPENSES

| DESCRIPTION              | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME | ADJUSTED<br>NET<br>INCOME | CHARITABLE<br>PURPOSES |
|--------------------------|---|-----------------------------|---------------------------|------------------------|
| INSURANCE                | 37,775.                                 | 3,778.                      |                           | 33,997.                |
| OFFICE SUPPLIES          | 15,133.                                 | 1,513.                      |                           | 13,620.                |
| BOARD EXPENSES           | 30,446.                                 | 3,045.                      |                           | 27,401.                |
| SITE VISIT               | 186.                                    | 19.                         |                           | 167.                   |
| DUES AND SUBSCRIPTIONS   | 10,724.                                 | 1,072.                      |                           | 9,652.                 |
| SERVICE CONTRACTS        | 5,925.                                  | 592.                        |                           | 5,333.                 |
| DELIVERY EXPENSE         | 119.                                    | 12.                         |                           | 107.                   |
| BANK CHARGES             | 815.                                    | 81.                         |                           | 734.                   |
| DIABETES PROGRAM MEETING | 576.                                    | 58.                         |                           | 518.                   |
| MISCELLANEOUS            | 3,444.                                  | 344.                        |                           | 3,100.                 |
| K-1 PORTFOLIO DEDUCTIONS |   | 17.                         |                           |                        |
| TOTALS                   | <u>105,143.</u>                         | <u>10,531.</u>              |                           | <u>94,629.</u>         |

ATTACHMENT 6FORM 990PF, PART II - CORPORATE STOCK

| <u>DESCRIPTION</u>            | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|-------------------------------|------------------------------|-----------------------|
| INT. & GLOBAL MUTUAL FUNDS    |                              |                       |
| DOM. LARGE CAP MUTUAL FUNDS   | 5,192,076.                   | 5,192,076.            |
| DOM. SMALL CAP MUTUAL FUNDS   | 1,642,256.                   | 1,642,256.            |
| DOMESTIC EQUITY FUNDS         | 108,854.                     | 108,854.              |
| COMMODITIES AND NATURAL RESC. |                              |                       |
| FIXED INCOME                  | 2,113,254.                   | 2,113,254.            |
| DOM. CONV. SECURITIES FUNDS   | 937,025.                     | 937,025.              |
| INTERNATIONAL EQUITY FUNDS    | 4,396,808.                   | 4,396,808.            |
| DOM. MIDDLE CAP MUTUAL FUNDS  | 1,716,405.                   | 1,716,405.            |
| COMMINGLED EQUITY FUNDS       | 76,127.                      | 76,127.               |
| TOTALS                        | <u>16,182,805.</u>           | <u>16,182,805.</u>    |

ATTACHMENT 7

FORM 990PF, PART II - OTHER INVESTMENTS

| <u>DESCRIPTION</u>           | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|------------------------------|------------------------------|-----------------------|
| LONG TERM GROWTH EQUITY FUND | 12,599.                      | 12,599.               |
| TOTALS                       | <u>12,599.</u>               | <u>12,599.</u>        |

ATTACHMENT 8FORM 990PF, PART II - OTHER ASSETS

| <u>DESCRIPTION</u>          | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|-----------------------------|------------------------------|-----------------------|
| RENT SECURITY DEPOSIT       | 6,971.                       | 6,971.                |
| PROGRAM RELATED INVESTMENTS | 747,498.                     | 747,498.              |
| TOTALS                      | <u>754,469.</u>              | <u>754,469.</u>       |

ATTACHMENT 9FORM 990PF, PART II - OTHER LIABILITIES

| <u>DESCRIPTION</u>    | <u>ENDING<br/>BOOK VALUE</u> |
|-----------------------|------------------------------|
| EMPLOYEE BENEFIT PLAN | 268,571.                     |
| TOTALS                | <u>268,571.</u>              |

ATTACHMENT 10FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED LOSS ON INVESTMENTS

3,459,041.

TOTAL

3,459,041.

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

| <u>NAME AND ADDRESS</u>  | <u>TITLE AND AVERAGE HOURS PER<br/>WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|--|---|---------------------|--|--|
| WILLIAM N. WERNER, MD, MPH<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611 | BOARD CHAIR & DIRECTOR<br>2.00                                  | 22,750.             | 0  | 0  |
| WILLIAM B. FRIEDEMAN<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611       | SECRETARY & DIRECTOR<br>2.00                                    | 10,750.             | 0  | 0  |
| JAMES M. SNYDER<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611            | TREASURER & DIRECTOR<br>2.00                                    | 10,750.             | 0  | 0  |
| BARBARA BERENDT<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611            | DIRECTOR<br>2.00  | 6,750.              | 0  | 0  |
| HOWARD NOCHUMSON<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611           | EXECUTIVE DIRECTOR & PRESIDENT<br>40.00                         | 207,454.            | 77,357.  | 0  |

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 11 (CONT'D)

| <u>NAME AND ADDRESS</u>   | <u>TITLE AND AVERAGE HOURS PER<br/>WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|---|---|---------------------|--|--|
| CATHERINE M. CRETICOS, MD<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611 | DIRECTOR<br>2.00  | 7,750.              | 0  | 0  |
| CATHERINE KAPELLA, MPH<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611    | PROGRAM DIR., ASST. SEC./TREAS<br>40.00                         | 102,144.            | 23,887.  |  |
| SANDY GOLDBERG, PHD<br>875 NORTH MICHIGAN AVENUE, SUITE 35<br>3516<br>CHICAGO, IL 60611       | DIRECTOR<br>2.00  | 9,250.              | 0  | 0  |
| GRAND TOTALS  |   | <u>377,598.</u>     | <u>101,244.</u>  | <u>0</u>   |



ATTACHMENT 12

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

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

ATTACHMENT 13

990PF, PART XV - SUBMISSION DEADLINES

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

WASHINGTON SQUARE HEALTH FOUNDATION, INC  
FYE 9/30/15  
PART XV GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| Check Number | Name   | Address                  | Address 2  | City        | State | Zip Code  | Public Charity Status | Request Project Title   | Amount   |
|--------------|--|--------------------------|------------|-------------|-------|-----------|-----------------------|---|----------|
| 2309         | A Safe Haven Foundation                              | 2750 Roosevelt Road      |            | Chicago     | IL    | 60608     | PC                    | Healthcare for the Homeless   | \$5,000  |
| 9786         | A Silver Lining Foundation                           | 134 N LaSalle St         | Ste 1218   | Chicago     | IL    | 60602     | PC                    | Special Designated Grant for Program Support to A Silver Lining Foundation  | \$10,000 |
| 9898         | A Silver Lining Foundation                           | 134 N LaSalle St         | Ste 1218   | Chicago     | IL    | 60602     | PC                    | Dr. Sandy Goldberg's Board of Director Grant  | \$5,000  |
| 9845         | A Silver Lining Foundation                           | 134 N LaSalle St         | Ste 1218   | Chicago     | IL    | 60602     | PC                    | Barbara Berendt's Board of Director Grant to A Silver Lining Foundation in Memory of Julian Irving Gollay                         | \$1,000  |
| 9884         | A Silver Lining Foundation                           | 134 N LaSalle St         | Ste 1218   | Chicago     | IL    | 60602     | PC                    | Executive Committee Grant to A Silver Lining Foundation   | \$3,500  |
| 9885         | Advocate Charitable Foundation                       | 205 West Touhy           |            | Park Ridge  | IL    | 60068     | PC                    | Construction of the New Creicos Cancer Center   | \$50,000 |
| 9888         | Advocate Charitable Foundation                       | 205 West Touhy           |            | Park Ridge  | IL    | 60068     | PC                    | Howard Nochumson's Board of Director Grant to the Eye Center  | \$500    |
| 9886         | Advocate Charitable Foundation                       | 205 West Touhy           |            | Park Ridge  | IL    | 60068     | PC                    | Special Designated Grant  | \$500    |
| 9876         | Advocate Charitable Foundation                       | 205 West Touhy           |            | Park Ridge  | IL    | 60068     | PC                    | Dr. Catherine M. Creicos' Board of Director Grant to the Anastasia and Angelo P. Creicos, MD Medical Innovation                   | \$1,000  |
| 9877         | Advocate Charitable Foundation                       | 205 West Touhy           |            | Park Ridge  | IL    | 60068     | PC                    | Dr. Catherine M. Creicos' Board of Director Grant to the Angelo P. Creicos Lectureship Fund at Advocate Illinois                  | \$1,000  |
| 9878         | Advocate Charitable Foundation                       | 205 West Touhy           |            | Park Ridge  | IL    | 60068     | PC                    | Dr. Catherine M. Creicos' Board of Director Grant to the Anastasia Creicos Music Fund at Advocate Illinois Masonic Medical Center | \$1,000  |
| 9888         | American Public Health Association                   | 800 I Street NW          |            | Washington  | DC    | 200013710 | PC                    | Special Designated Grant for the APHA MCH Town Hall Meeting at the Annual Meeting being held in Chicago                           | \$4,000  |
| 9849         | Ann & Robert H. Lurie Children's Hospital of Chicago | 225 E Chicago Ave        | Box 4      | Chicago     | IL    | 60611     | PC                    | Special Designated Grant for the Winter Wishes Holiday Outreach Event   | \$10,000 |
| 9858         | Asian Human Services, Inc                            | 4753 N Broadway          |            | Chicago     | IL    | 60640     | PC                    | Expanded Oral Health Services   | \$17,500 |
| 9847         | Chicago Cheesed Fund                                 | 7045 N Ridgeway          |            | Lincolnwood | IL    | 60712     | PC                    | Howard Nochumson's Board of Director Grant to the Chicago Cheesed Fund for Program Support  | \$3,000  |
| 9809         | Childaev   | 8765 West Higgins Road   | NO 450     | Chicago     | IL    | 606314101 | PC                    | Armour Individualized Counseling for Families and Youth   | \$5,000  |
| 9866         | CommunityHealth.NFP                                  | 2611 West Chicago Ave    |            | Chicago     | IL    | 60622     | PC                    | Catherine Kapella MPH's Board Officer Grant to CommunityHealth  | \$2,500  |
| 9699         | Council on Foundations                               | 1828 L Street, NW        | Suite 300  | Washington  | DC    | 20036     | PC                    | Foundation Designated Grant   | \$1,750  |
| 8700         | Donors Forum of Chicago                              | 208 South LaSalle Street | Suite 1540 | Chicago     | IL    | 60604     | PC                    | Foundation Designated Grant   | \$347    |
| 9808         | Erle Family Health Center                            | 1701 W Superior St       |            | Chicago     | IL    | 60622     | PC                    | Washington Square Health Foundation Automated Clinical Messaging Project  | \$6,250  |
| 9862         | Erle Family Health Center                            | 1701 W Superior St       |            | Chicago     | IL    | 60622     | PC                    | Washington Square Health Foundation Automated Clinical Messaging Project  | \$6,250  |
| 9914         | Gilda's Club Chicago                                 | 537 N Wells Street       |            | Chicago     | IL    | 60654     | PC                    | Hospital Satellite Initiative at Lurie Children's Hospital  | \$6,250  |
| 9965         | Goldie's Place                                       | 5705 N Lincoln           |            | Chicago     | IL    | 60659     | PC                    | Healthy Smiles  | \$10,500 |
| 2345         | Goldie's Place                                       | 5705 N Lincoln           |            | Chicago     | IL    | 60659     | PC                    | Mr. James M. Snyder's Board of Director Grant to Goldie's Place   | \$2,000  |
| 9861         | Grafton First Baptist Church                         | PO Box 116               |            | Grafton     | WV    | 26354     | PC                    | Dr. Richard B. Patterson's Board of Director Grant to the Grafton First Baptist Church Food Pantry                                | \$1,500  |

WASHINGTON SQUARE HEALTH FOUNDATION, INC.  
 FYE 9/30/15  
 PART XV GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

|      |   |                                  |               |            |    |           |    |  |          |
|------|---|----------------------------------|---------------|------------|----|-----------|----|--|----------|
| 9974 | Greater Chicago Food Depository                     | 4100 W Ann Lane Pl               |               | Chicago    | IL | 60632     | PC | James M. Snyder's Board of Director Grant to the Greater Chicago Food Depository   | \$2,000  |
| 9992 | Hanna Boys Center                                   | 17000 Arnold Dr                  |               | Sonomia    | CA | 95476     | PC | Mr. William B. Friedman's Board of Director Grant to Hanna Boys Center   | \$1,000  |
| 9971 | Hanna Boys Center                                   | 17000 Arnold Dr                  |               | Sonomia    | CA | 95476     | PC | Mr. William B. Friedman's Board of Director Grant to Hanna Boys Center for the Trauma Informed Care Program Series   | \$750    |
| 9979 | Howard Brown Health Center                          | 4025 N Sheridan Rd               |               | Chicago    | IL | 60613     | PC | Dr. Catherine M. Creicos' Board of Director Grant to Howard Brown Health Center  | \$1,000  |
| 9948 | Keshet  | 425 Huehl Road                   | Building 13-B | Northbrook | IL | 60062     | PC | Howard Nochumson's Board of Director Grant for the David Nochumson, Charles Nochumson and Sara Wolf Torah  | \$1,000  |
| 9905 | La Rabida Children's Hospital                       | 6501 South Promontory Drive      |               | Chicago    | IL | 60649     | PC | La Rabida Children's Hospital Outpatient Facility Expansion Project, Year Two Request for Funding  | \$25,000 |
| 9973 | La Rabida Children's Hospital                       | 6501 South Promontory Drive      |               | Chicago    | IL | 60649     | PC | Mr. James M. Snyder's Board of Director Grant to La Rabida Children's Hospital   | \$1,000  |
| 9966 | Latino Organization Of The Southwest                | 4051 W 63rd Street               |               | Chicago    | IL | 606294638 | PC | Proyecto Salud Emocional del Migrante (PSEM) (The Migrant Emotional Health Project)  | \$11,125 |
| 9959 | Lawndale Christian Health Center                    | 3860 West Ogden Ave              |               | Chicago    | IL | 60623     | PC | Expanding Access to Adult Dental Services  | \$10,000 |
| 9906 | Little City Foundation                              | 1760 W Algonquin Road            |               | Palatine   | IL | 600674799 | PC | Integrated Healthcare System   | \$6,250  |
| 9957 | Little City Foundation                              | 1760 W Algonquin Road            |               | Palatine   | IL | 600674799 | PC | Integrated Healthcare System   | \$6,250  |
| 9986 | Loretto Hospital                                    | 645 S Central Avenue             |               | Chicago    | IL | 60644     | PC | Loretto Hospital's Pulmonary Function Test (PFT) Initiative  | \$35,000 |
| 9964 | Loyola University                                   | 920 N Michigan Ave               | 15th Floor    | Chicago    | IL | 60611     | PC | Northeast Senior Health Project Loyola University Community Nursing Center   | \$15,000 |
| 9970 | Meals on Wheels                                     | 3047 N Lincoln Avenue            | Suite 214     | Chicago    | IL | 60657     | PC | Mr. William B. Friedman's Board of Director Grant to Meals on Wheels   | \$1,000  |
| 9986 | Mount Sinai Hospital and Medical Center             | California Avenue At 15th Street |               | Chicago    | IL | 60608     | PC | Vocera Hands Free Communication System   | \$25,000 |
| 9980 | MPN Research Foundation                             | 180 N Michigan Ave               | Suite 1870    | Chicago    | IL | 60601     | PC | Ms. Barbara Berend's Board of Director Grant to the MPN Research Foundation  | \$4,000  |
| 9989 | North Park Friendship Center                        | 3448 W Foster                    |               | Chicago    | IL | 60625     | PC | Dr. William N. Werner's Board of Director Grant to the North Park Friendship Center Food Pantry Program  | \$2,500  |
| 9990 | North Park University                               | 3225 W Foster Ave                |               | Chicago    | IL | 60625     | PC | Dr. William N. Werner's Board of Director Grant to the North Park University Research Experience for Summer Students   | \$2,500  |
| 9969 | North Park University                               | 3225 W Foster Ave                |               | Chicago    | IL | 60625     | PC | Mr. William B. Friedman's Board of Director Grant to North Park University in honor of existing Board Member Tom Bagley for the North Park University Research Experience for Summer | \$1,000  |
| 9967 | NorthShore University HealthSystem                  | 1301 Central Street              |               | Evanston   | IL | 60201     | PC | NorthShore University HealthSystem Family Medicine Residency/Proposal for Patient Centered Medical Home Transformation   | \$7,688  |
| 9975 | Ray Graham Association for People with Disabilities | 901 Warrenville Rd               | Sie 500       | Lisle      | IL | 60532     | PC | Dr. Catherine M. Creicos' Board of Director Grant to the Hanson Center Therapeutic Riding Program at Ray Graham Association for People with Disabilities                             | \$1,000  |
| 9597 | Rush University Medical Center                      | 1700 West Van Buren Street       | Room 153      | Chicago    | IL | 60612     | PC | Grant in Memory of Lillian L. Friedman to the Women's Board of Rush University Medical Center  | \$250    |
| 9963 | Rush University Medical Center                      | 1653 W Congress Pkwy             |               | Chicago    | IL | 60612     | PC | William B. Friedman's Board of Director Grant in Memory of Lillian L. Friedman to the Women's Board of Rush University Medical Center  | \$250    |

**WASHINGTON SQUARE HEALTH FOUNDATION INC**

|      |   |                         |          |               |    |           |    |  |           |
|------|---|-------------------------|----------|---------------|----|-----------|----|--|-----------|
| 9891 | Sonoma Valley Hospital Foundation           | 3448 W Foster           |          | Chicago       | IL | 60625     | PC | Mr. William B. Friedman's Board of Director Grant to the Sonoma Valley Hospital Foundation for the New State of the Art Imaging Equipment. | \$1,000   |
| 9910 | St. Bernard Hospital and Health Care Center | 326 W 64th Street       |          | Chicago       | IL | 60621     | PC | St. Bernard Hospital Dental Center, General Dentistry Clinic for Low-Income and Uninsured Adults   | \$3,750   |
| 9913 | St. Leonard's House                         | 2100 West Warren Blvd   |          | Chicago       | IL | 606122310 | PC | Resurrection University Collaboration  | \$2,100   |
| 9861 | St. Leonard's House                         | 2100 West Warren Blvd   |          | Chicago       | IL | 606122310 | PC | Resurrection University Collaboration  | \$2,100   |
| 9806 | Swedish Covenant Hospital                   | 5145 N California Ave   |          | Chicago       | IL | 60625     | PC | A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital  | \$2,500   |
| 9791 | Swedish Covenant Hospital                   | 5145 N California Ave   |          | Chicago       | IL | 60625     | PC | A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital  | \$10,000  |
| 9846 | Swedish Covenant Hospital                   | 5145 N California Ave   |          | Chicago       | IL | 60625     | PC | A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital  | \$5,000   |
| 9858 | Swedish Covenant Hospital                   | 5145 N California Ave   |          | Chicago       | IL | 60625     | PC | A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital  | \$5,000   |
| 9885 | Swedish Covenant Hospital                   | 5145 N California Ave   |          | Chicago       | IL | 60625     | PC | A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital  | \$2,500   |
| 6849 | Team Spirit Institute                       | 741 Heatherdown Way     |          | Buffalo Grove | IL | 60089     | PC | Howard Nochumson's Board of Director Grant to Team Spirit Institute  | \$500     |
| 9907 | The Children's Clinic                       | 320 Lake Street         |          | Oak Park      | IL | 60302     | PC | High Need Dental Clinic for Low-Income Children  | \$6,675   |
| 9911 | The Children's Clinic                       | 320 Lake Street         |          | Oak Park      | IL | 60302     | PC | Dental Equipment for Portable Dentistry  | \$2,927   |
| 9867 | The Children's Clinic                       | 320 Lake Street         |          | Oak Park      | IL | 60302     | PC | Catherine Kapella, MPH's Board Officer Grant to The Children's Clinic  | \$2,500   |
| 2297 | Thresholds                                  | 4101 North Ravenswood   |          | Chicago       | IL | 60613     | PC | Mental Health Policy Forum   | \$10,000  |
| 9960 | University of Illinois                      | 1305 West Greene Street |          | Urbana        | IL | 61801     | PC | 10th Annual Chicago Diabetes Project Conference  | \$36,000  |
| 9847 | Primo Center For Women And Children         | 4241 W Washington Blvd  |          | Chicago       | IL | 60624     | PC | PRI Primo Center Medicaid Expansion Program  | \$125,000 |
| N/A  | Mobile Care Chicago                         | 321 N Loomis            | Site 202 | Chicago       | IL | 60607     | PC | PRI Removed from Listing (\$125,000)   |           |
|      |   |                         |          |               |    |           |    | Subtotal Grants  | \$408,462 |
|      |   |                         |          |               |    |           |    | Contribution is principal removed from outstanding PRI in support of Asthma Education Program  | \$35,000  |
|      |   |                         |          |               |    |           |    | Grand total Grants   | \$443,462 |