

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Extended to August 15, 203 Return of Private Foundation 2016

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

| | Depar | tment | of the Treasury enue Service | | | n 990-PF and its separa | | | | Open to Public Inspection | | |
|------------------|--------------------|-------|-------------------------------------|--|---------------------------------------|---------------------------------------|---------------|-------------------|--|--|--|--|
| | | | | or tax year beginning | | | | ending | | | | |
| | | | foundation | | | | | | A Employer identificatio | n number | | |
| | | | | hildren's | Health | care | | | | | | |
| | | | ndation | | | | | | 03-0503425 | | | |
| | | | | oox number if mail is not | delivered to street | address) | | Room/suite | B Telephone number | | | |
| | 1 | 200 |) Jorie | Blvd | | | | 301 | (630) 571- | -2555 | | |
| | | | | ovince, country, and | C If exemption application is | pending, check here | | | | | | |
| | - | | Brook, | - | | | | | | | | |
| | | | all that apply: | Initial retu | ırn | Initial return of a | former public | charity | D 1. Foreign organization | ıs, check here | | |
| | | | | Fınal retu | rn | Amended return | | | | | | |
| | | | | Address (| hange | Name change | | | Foreign organizations m check here and attach c | eeting the 85% test, omputation | | |
| | H C | heck | type of organiz | ation: X Secti | · · · · · · · · · · · · · · · · · · · | empt private foundation | | | E If private foundation st | atus was terminated | | |
| | | | |) nonexempt charitat | | Other taxable private four | | | under section 507(b)(1 | (A), check here | | |
| | l Fa | ır ma | rket value of all | assets at end of year | | | Acc | rual | F If the foundation is in a | 60-month termination | | |
| | | | Part II, col (c), | line 16) | 01 | her (specify) | | | under section 507(b)(1 | (B), check here | | |
| | _ | | | | | mn (d) must be on cas | 1 | ···· | | 1 (4) | | |
| | Pa | rt I | The total of ame | evenue and Expense ounts in columns (b), (c), | and (d) may not | (a) Revenue and expenses per books | | nvestment come | (c) Adjusted net income | (d) Disbursements for charitable purposes | | |
| | | | necessarily equ | al the amounts in column | (a)) | · | | | | (cash basis only) | | |
| | | | | gifts, grants, etc., rec | | 30 | • | | N/A | | | |
| | | 2 | | if the foundation is not require as and temporary | d to attach Sch B | 38 | | 38. | - | Ctatement 1 | | |
| | | 3 | | gs and temporary | | 3,092,998 | | 2,998 | | Statement 1 Statement 2 | | |
| SCANNED | | 4 | | interest from securiti | es | 3,034,330 | • 3,0. | 74,330 | <u>'</u> | Statement Z | | |
| | | | Gross rents Net rental income | o er (1000) | | | - | | | | | |
| | | 1 | | from sale of assets not o | n line 10 | 13,432,266 | | | | | | |
| m | iue | h | Gross sales price assets on line 6a | of for all 39.40 | 3,093. | 13/132/200 | 1 - | | | | | |
| Ö | Revenue | l . | | ncome (from Part IV, line | | | 13,4 | 32,266 | | | | |
| \triangleright | æ | 8 | | | • | | | | | | | |
| AUG | | 9 | Income-medifi | cations C | | | | | | | | |
| | ~ | ロルロか | Gross sales less | returns | | | | | | | | |
| 十 | Ō | Ē | Less Costror go | ~통~3016 () | | | | | | | | |
| 2016 | | | Gross profit or | (loss) | | | | | | | | |
| ਰ | | 11 | Otherincome | EN, UT | | 1,912 | | 1,912 | | Statement 3 | | |
| | | 12 | Total: Add him | es-1-through-1-1 | | 16,527,244 | | 27,214. | | | | |
| | | 13 | · · | f officers, directors, truste | | 192,750 | | 5,782 | | 186,968. | | |
| | | 14 | | e salaries and wages | | 274,632 | | <u> </u> | | 296,316. | | |
| | Ś | 15 | | , employee benefits | L A | 103,125 | | 551 | 1 | 102,574. | | |
| | nse | 16a | Legal fees | | tmt 4 | 19,532 52,625 | | 4,588. 41,750. | | 13,594. 10,875. | | |
| | Expenses | D | Accounting fee | | tmt 5 tmt 6 | 570,949 | | 31,158 | | 348,318. | | |
| | | | Other professi Interest | onal lees 5 | CIRC 0 | 370,343 | • | JI,IJO | • | 340,310. | | |
| | and Administrative | | Taxes | S | tmt 7 | 162,426 | 1 | 0 | | 0. | | |
| | str | 19 | Depreciation a | | cme , | 5,331 | | 0 | | | | |
| | nin | 20 | Occupancy | ina acpicacii | | 46,676 | | 260 | 1 | 46,416. | | |
| | Adr | | | ences, and meetings | | 64,553 | | 0 . | | 64,212. | | |
| | P | 22 | Printing and p | | | 17,205 | | 0 . | | 6,861. | | |
| | | | Other expense | | tmt 8 | 59,537 | | 522 | | 59,015. | | |
| | aţi | 24 | Total operation | g and administrative | • | | | | | | | |
| | Operating | | expenses Ad | d lines 13 through 23 | } | 1,569,341 | . 2 | <u>84,611</u> | • | 1,135,149. | | |
| | 0 | 25 | Contributions, | gifts, grants paid | | 3,237,370 | | | | 5,655,721. | | |
| | | 26 | · · | s and disbursement | s. | | | | | | | |
| | | | Add lines 24 a | | | 4,806,711 | 2 | 8 4 ,611 | • | 6,790,870. | | |
| | | 27 | Subtract line 2 | %26 from line 12; | | | | | | | | |
| | | | | e over expenses and dis | | 11,720,533 | | 40 600 | | | | |
| | | | | nt income (if negative, o | | | 16,2 | 42,603 | | | | |
| | | C | Adjusted net i | ncome (if negative, ent | er -0-) | <u> </u> | | | N/A | <u>.l </u> | | |

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

| For | <u>m 99</u> | 0-PF(2015) Foundation. | | 03 | -0503425 Page 2 |
|------------------|--------------|--|--------------------|----------------|-----------------------------|
| Б | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | | l of year |
| | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 4 5 4 2 5 4 2 | | |
| | | Savings and temporary cash investments | 1,540,540. | 2,200,607 | 2,200,607. |
| | | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | _ | Less: allowance for doubtful accounts ▶ | | • | |
| | ı | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | _ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | ١, | Less: allowance for doubtful accounts Inventories for sale or use | <u> </u> | | |
| Assets | | Prepaid expenses and deferred charges | 11,258. | 21,990 | . 21,990. |
| Ass | | Investments - U.S. and state government obligations Stmt 11 | 30,126,660. | | |
| | 1 | Investments - corporate stock Stmt 12 | 95,812,855. | | . 87,467,999. |
| | _ | Investments - corporate bonds Stmt 13 | 9,961,403. | 9,698,967 | 9,698,967. |
| | I - | Investments - land, buildings, and equipment basis | 3/302/3003 | | 2702072070 |
| | ' ' | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | - | | |
| | 1 1 | Land, buildings, and equipment basis ► 111,150. | | 1.12 22 | |
| | | Less accumulated depreciation Stmt 14 100,656. | 13,900. | | |
| | 15 | Other assets (describe ► Statement 15) | 144,019. | 145,767 | . 145,767. |
| | | Total assets (to be completed by all filers - see the | | | |
| | | instructions Also, see page 1, item I) | | | . 129,035,030. |
| | 17 | Accounts payable and accrued expenses | 191,056. | 179,068 | |
| | 18 | Grants payable | 5,809,899. | 3,391,549 | <u>.</u> |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | _ |
| ap | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe Statement 16) | 0. | 57,426 | • |
| | | | 6 000 055 | 2 600 042 | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 6,000,955. | 3,628,043 | 싁 |
| | | Foundations that follow SFAS 117, check here | | | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | 131,609,680. | 125 406 007 | |
| or Fund Balances | 24 | Unrestricted | 131,009,000. | 125,400,907 | - |
| ala | 25 | Temporarily restricted | | | \dashv |
| d B | 26 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | |
| 뎚 | | Touridations that do not follow of Ao 117, shook here | | | |
| ᇹ | 27 | and complete lines 27 through 31. Capital stock, trust principal, or current funds | | | |
| Net Assets | 27 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | 1 |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| et | 30 | Total net assets or fund balances | 131,609,680. | 125,406,987 | |
| Z | " | Total not about or faile balances | | | |
| | 31 | Total liabilities and net assets/fund balances | 137,610,635. | 129,035,030 | |
| | art | | | | - |
| _ | | | | | |
| 1 | | het assets or fund balances at beginning of year - Part II, column (a), line | 30 | | 121 600 600 |
| | • | st agree with end-of-year figure reported on prior year's return) | | <u> </u> | 131,609,680. |
| | | r amount from Part I, line 27a | ~ ~. | | |
| | | r increases not included in line 2 (itemize) | See St | | 384. |
| | | lines 1, 2, and 3 | 0 0F | <u> </u> | 143,330,597. |
| 5 | | eases not included in line 2 (itemize) | | | 17,923,610. 125,406,987. |
| 6 | 10 <u>ta</u> | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | omini (n), iine ao | <u> </u> | Form 990-PF (2015) |

lation 03-0503425

| Part IV Capital Gains | and Lo | sses for Tax on In | ivestmen | Income | Last | 1 | | | · |
|--|--------------------------|--|--|--------------------------------------|---------------|---------------------------------------|--------------|--|----------------------------------|
| (a) List and desc 2-story brick wa | ribe the ki arehouse; | nd(s) of property sold (e.g. or common stock, 200 shs | ., real estate, s. MLC Co.) | | (b) H | How acqu - Purchas - Donatio | ired (d | c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a Publicly Trade | d Se | curities | | | | _ | | | |
| b Aberdeen Globa | l Eq | uity Fund | | | | P | 1 | 2/31/12 | 03/23/15 |
| c Capital Gains | | | | | <u> </u> | | | . <u></u> | |
| d | | | | | <u> </u> | | | | |
| e | | | | | | | | | |
| (e) Gross sales price | (f) | Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | (h) Gain or (loss (e) plus (f) minus | |
| a 25,700,000. | | | 1 | 3,326,29 | 7. | | | 1 | 2,373,703. |
| b 12,644,530. | - | | | 2,644,53 | | · · · · · · · · · · · · · · · · · · · | | | 0. |
| c 1,058,563. | | | | | | | | | 1,058,563. |
| d | | | | | | | | | |
| | | | | | | | | | - |
| Complete only for assets shown | na asin in | column (h) and owned by | the foundation | on 12/31/69 | | | /D G | Sains (Col. (h) gair | minue |
| (i) F.M.V. as of 12/31/69 | | (j) Adjusted basis as of 12/31/69 | (k) E> | cess of col. (i) | | | col. (I | k), but not less that Losses (from col. | ın -0-) or |
| | | 45 61 1276 1766 | - 373, | 00.1 (),, u, | | | | 1 | 2 272 702 |
| | - | | | | | | | | .2,373,703. |
| <u>b</u> | | | | | | | | | 0. |
| <u>C</u> | | | ļ | <u></u> . | | | | | <u>1,058,563.</u> |
| d | | | | | | | | | |
| <u>e</u> | | | | | | | | | |
| 2 Capital gain net income or (net ca | apıtal loss | If gain, also enter of the loss), enter -0- | r in Part I, line - in Part I, line | 7 7 | }[| 2 | | 1 | 3,432,266. |
| 3 Net short-term capital gain or (lo | ce) ac def | • | | | | 1 | | | |
| If gain, also enter in Part I, line 8, | | | id (0). | |] [| | | | |
| If (loss), enter -0- in Part I, line 8 | | o). | | | | 3 | | N/A | |
| Part V Qualification U | Inder S | Section 4940(e) for | Reduced | Tax on Net | Inv | estme | nt Inco | me | |
| (For optional use by domestic private if section 4940(d)(2) applies, leave to Was the foundation hable for the sec | this part b | lank. | | | | ;.) | | | Yes X No |
| If "Yes," the foundation does not qual 1 Enter the appropriate amount in | lify under | section 4940(e). Do not co | mplete this pa | irt. | | i. | | | |
| | | (b) | | | (c) | | | | (d) bution ratio |
| (a) Base period years Calendar year (or tax year beginn | ıng ın) | Adjusted qualifying dis | | Net value of no | onchar | ritable-use | | Distri (col. (b) di | vided by col. (c)) |
| 2014 | | | 0,025. | | | <u>,754</u> | | | .045950 |
| 2013 | | | 3,447. | | | | <u>,262.</u> | | .045357 |
| 2012 | | | 2,153. | | | | <u>,897.</u> | | .051498 |
| 2011 | | | 2,669. | | | | ,899. | | 046537 |
| 2010 | | 5,12 | 4,141. | 1 | <u>.07</u> | <u>,679</u> | <u>,129.</u> | | <u>.047587</u> |
| 2 Total of line 1, column (d) | | | | | | | | 2 | .236929 |
| 3 Average distribution ratio for the the foundation has been in existe | | | on line 2 by 5, | or by the number | of ye | ars | | 3 | .047386 |
| 4 Enter the net value of noncharita | ble-use as | sets for 2015 from Part X, | line 5 | | | | | 4 12 | 9,525,216. |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | 6,137,682. |
| | ma /19/ oi | FPart Llina 27h) | | | | | | 6 | 162,426. |
| 6 Enter 1% of net investment inco | me (176 U | 1 1 art 1, mile 270) | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | 6,300,108. |
| 8 Enter qualifying distributions from If line 8 is equal to or greater that | | | th, and com | olete that part usin | ng a 1º | % tax rate |). | 8 | 6,790,870. |
| See the Part VI instructions. | | , | | | | | | | |

Illinois Children's Healthcare

| Earm (| 990-PF (2015) Foundation 03-050 | 3425 | | Page 4 |
|----------|--|----------------|------------|--------------|
| | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instru | ıctio | ns) |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | 16 | 2,4 | 26. |
| | of Part I, line 27b | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| | Add lines 1 and 2 | 16 | 2,4 | 26. |
| 4 : | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 16 | 2,4 | 26. |
| 6 | Credits/Payments: | | | |
| a : | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 105,000. | | | |
| Ы | Exempt foreign organizations - tax withheld at source 6b | | | |
| C . | Tax paid with application for extension of time to file (Form 8868) 6c 58,426. | | | |
| d l | Backup withholding erroneously withheld 6d | | | |
| | Total credits and payments. Add lines 6a through 6d | 16 | 3,4 | <u> 26.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | <u>1,0</u> | 00. |
| | Enter the amount of line 10 to be: Credited to 2016 estimated tax 1,000. Refunded 11 | | | <u>0.</u> |
| | rt VII-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Yes | No |
| | any political campaign? | 1a | | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | 1b | | X_ |
| | 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. | | | |
| | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O . | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| | managers. ► \$ 0 . | | | |
| | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | _ X |
| | If "Yes," attach a detailed description of the activities. | | | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | _ <u>X</u> _ |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 4b_ | | 37 |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or Description of the conflict with the state law. | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | 6 | v | |
| | remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year. If Tes, Complete Farth, Co. (c), and Fart XV | | | |
| 0. | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| oa | | | | |
| k | IL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | 8b | Х | |
| | 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | | X |
| | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |
| | | rm 99 0 |)-PF | |

523531 11-24-15

4 2015.03050 Illinois Children's Healthc ILCHFDN3

ndation 03-0503425

| Pa | irt VII-A Statements Regarding Activities (continued) | · · · · · · · · · · · · · · · · · · · | | |
|-----|---|---------------------------------------|---------------|--------------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | _13 | X | |
| | Website address ► <u>www.ilchf.org</u> | E71 | 2.5 | |
| 14 | The books are in care of The Foundation Telephone no. (630) | 571 | | |
| | Located at ► 1200 Jorie Blvd, No. 301, Oak Brook, IL ZIP+4 ►60 | 1545 | <u> - 2 2</u> | 18 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year | N | /A | `Ш |
| | and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | 14 | Yes | No |
| 16 | | 16 | 163 | X |
| | securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 10 | | A |
| | | | | |
| Pa | foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | ٠ | _ | L |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | ıf 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.) | | | |
| b | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | <u>X</u> |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2015? | 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)): At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| a | before 2015? Let the end of tax year 2015, did the foundation have any undistributed income (lines od and de, r art xiii) for tax year(s) beginning Yes X No | | | |
| | If "Yes," list the years ,, | | | |
| , | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| ٠ | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| | to the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 38 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| t | o If "Yes," did it have excess business holdings in 2015 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 2015.) N/A | 3b | | |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | _ <u>X</u> _ |
| t | 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 2015? | 4b |) DE | X (2245) |

Form **990-PF** (2015)

Illinois Children's Healthcare Form 990-PF (2015) <u>Foundation</u> 03-0503425 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained ⊥ Yes L__ No N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b Х 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 X No 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (a) Name and address (If not paid, enter -0-) compensation See Statement 17 192,750. 18,381 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position and deferred compensation Robert J. Egan - ICHF, 1200 Jorie Officer Senior Program 0. Blvd, Suite 301, Oak Brook, IL 60523 40.00 94,757. 20,280 Arianna Elisa Cisneros - ICHF, 1200 Program Officer 40.00 26,567 0. Jorie Blvd, Suite 301, Oak Brook, IL 77,123. Brielle Treece Osting - ICHF, 1200 Program Officer

Form **990-PF** (2015)

0.

40.00

57,705.

15,110.

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

Jorie Blvd, Suite 301, Oak Brook, IL

Form **990-PF** (2015)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Foundation 03-0503425 Form 990-PF (2015) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 134,899,209. Average monthly fair market value of securities 1a 1,416,877. b Average of monthly cash balances 1b 1c c Fair market value of all other assets 136,316,086. 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 136,316,086. Subtract line 2 from line 1d 3 6,790,870. Stmt 19 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 129,525,216. 5 6,476,261. Minimum investment return. Enter 5% of line 5 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.) 6,476,261. Minimum investment return from Part X, line 6 162,426. Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) 162,426. 2c c Add lines 2a and 2b 3 6,313,835. Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 384. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 6,314. 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 6,790,870. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 6,790,870. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 162,426. income. Enter 1% of Part I, line 27b

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

Form **990-PF** (2015)

6,628,444.

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Foundation .

Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|--|--------|---------------------|------------|---------------|
| | Corpus | Years prior to 2014 | 2014 | 2015 |
| 1 Distributable amount for 2015 from Part XI, | | | | |
| line 7 | | | | 6,314,219. |
| 2 Undistributed income, if any, as of the end of 2015 | | | 5 555 400 | |
| a Enter amount for 2014 only | | | 5,755,122. | |
| b Total for prior years: | | | | |
| ,,,,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 | | | | |
| b From 2011 | | | | |
| c From 2012 | | | | |
| d From 2013 | | H | | |
| e From 2014 | • | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2015 from | | | | |
| Part XII, line 4: \triangleright \$ 6,790,870. | | | 400 | |
| a Applied to 2014, but not more than line 2a | | | 5,755,122. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2015 distributable amount | | | | 1,035,748. |
| e Remaining amount distributed out of corpus | 0. | | | _ |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | : | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract | | | - | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2016 | | | | 5,278,471. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2010 | | | i | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2016. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | | |
| d Excess from 2014 | | | | |
| e Excess from 2015 | | | | · · · · · |
| | | | | |

Form **990-PF** (2015)

Form 990-PF (2015) Foundation (continued)

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During th | | Payment | | |
|---|--|----------------------|----------------------------------|---------------------------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | ** | |
| a Paid during the year | | | | |
| | | | | |
| alam Mainemaite Cabaal of | None | PC | Mental Health Services | |
| dler University, School of Professional Psychology | TONC . | | in Restrorative | |
| 17 N Dearborn Street | | | Justice Hubs: A Pilot | |
| Chicago IL 60602 | | | Program | <u>5</u> 0,00 |
| | | | | |
| | | | | |
| Ann & Robert H Lurie Childrens | None | ₽C | Bounce Back | |
| Hospital of Chicago | | | Replication and | |
| 225 E Chicago Ave Pr Dept Box 269 | | | Dissemination Study | |
| Chicago, IL 60611 | | | | 79,10 |
| | | | | |
| | | | Adama Canab | |
| Board of Trustees of Southern | None | PC | Adams County | |
| Illinois University | | | Children's Mental | |
| Mail Code 6829 Carbondale, IL 62901 | | | Health Partnership | 236,62 |
| Larbondale, IL 02901 | | | | |
| | | | | |
| Board of Trustees of the U of | None | PC | Postgraduate Pediatric | |
| Illinois | | | Dentistry Clinic | |
| 506 South Wright Street 209 Hab Mc | 339 | | | |
| Urbana, IL 61801 | | | | 166,26 |
| | | | | |
| | | | | |
| | | | Gining many | |
| Central Illinois Foodbank | None | PC | Giving Tuesday | |
| 1937 E Cook St Springfield IL 62791 | | | Matching Grant | 21,120 |
| | continuation shee | et(s) | ▶ 3a | 5,655,72 |
| b Approved for future payment | | | | |
| | | | | |
| | į | | | |
| | | | | |
| Centerstone of Illinois Inc | None | PC | Community School | |
| 902 W Main Street | | | Project | |
| W Frankfort, IL 62896 | | | | 87,15 |
| | | | | |
| | | | | |
| Central Illinois Foodbank | None | PC | Giving Tuesday | |
| 1937 E Cook St | [| | Matching Grant | |
| Springfield IL 62791 | | | | 20,890 |
| | | | | |
| | | | | |
| | | | | |
| Christian Social Service of Illinoi | s None | PC | MST - Redeploy | |
| 8601 West Main St Suite 201 | | | | |
| Belleville, IL 62223 | | <u> </u> | | 82,650 |
| Total See | continuation she | et(S) | > 3b | 926_763 n 990-PF (201 |

Form **990-PF** (2015)

| A | Analysis of | Income-Producina | Activition |
|---|--------------|------------------|------------|
| - | Aliaivaia or | Income-Producing | ACTIVITIES |

| iter gross amounts unless otherwise indicated. | | d business income | | ed by section 512, 513, or 514 | (e) |
|---|-------------------------|----------------------|--|--------------------------------|-----------------------------------|
| Program con use revenue | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| Program service revenue: | Code | | 1000 | | |
| ab | _ | | + + | | |
| | 1 1 | | 1 | | |
| | l i | | + | | |
| | 1 1 | | 1 1 | | |
| e | | | | | |
| g Fees and contracts from government agencies | - | | | | |
| Membership dues and assessments | | | + + | | |
| Interest on savings and temporary cash | | | 1 1 | | |
| investments | | | 14 | 38. | |
| Dividends and interest from securities | | | 14 | 3,092,998. | · |
| Net rental income or (loss) from real estate: | | | <u> </u> | 3703273300 | · |
| Debt-financed property | | | | | |
| Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | 1 | | |
| property | | | | | |
| Other investment income | | | 14 | 1,912. | · · ·· ·- |
| Gain or (loss) from sales of assets other | | | - | -,,,,, | |
| than inventory | | | 18 | 13,432,266. | |
| Net income or (loss) from special events | | | 1 -1 | | |
| Gross profit or (loss) from sales of inventory | - | • | | | |
| Other revenue: | | - | | | - |
| a | | | | • | |
| b | 1 | | | | · <u>-</u> |
| C | | | | | |
| d | | | 1 "1 | | |
| e | | | | | |
| | | 0 | | 16,527,214. | _ |
| Subtotal, Add columns (b), (d), and (e) | | | | 13 | |
| • | | | | 10 | <u> </u> |
| Total. Add line 12, columns (b), (d), and (e) | i.) | | | | 10,527,21 |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations | | | Exempt | | 10,327,21 |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which i | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which i | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities sine No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |
| ine No. Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco | omplishment of E | | Purposes | |

523621 11-24-15

| , form 990 | | ois Children's Lation | Healthcare | 03-09 | 503425 | Pag | o 15 |
|---------------|-----------------------------------|---|--------------------------|--|---|-------------------------|-------------|
| Part > | | egarding Transfers To | and Transactions a | nd Relationships With Nonc | haritable |) | <u>- 10</u> |
| | the organization directly or indi | rectly engage in any of the follov | | | | Yes | No |
| | | (3) organizations) or in section | | zations? | | | |
| | · · · | ation to a noncharitable exempt | organization of: | | | | |
| ٠, | Cash | | | | 1a(1) | | X |
| | Other assets | | | | 1a(2) | - | X |
| _ | er transactions: | this account areanization | | | 45/45 | | v |
| | Sales of assets to a noncharita | | | | 1b(1) | | X |
| • • | | oncharitable exempt organization | | | 1b(2) | | X v |
| | Rental of facilities, equipment, | | | | 1b(3) | | X X |
| ٠, | Reimbursement arrangements |) | | | 1b(4) 1b(5) | | X |
| | Loans or loan guarantees | embership or fundraising solicita | itions | | 1b(6) | | X |
| | | ailing lists, other assets, or paid e | | | 10 | | X |
| | | | | ays show the fair market value of the goo | | | <u> </u> |
| | = | | | e in any transaction or sharing arrangeme | | 0.0, | |
| | • • • | other assets, or services receive | | | · | | |
| (a) Line no | (b) Amount involved | (c) Name of noncharita | ble exempt organization | (d) Description of transfers, transactions, | and sharing an | angement | s |
| | | N/A | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ın s | • | L ctly affiliated with, or related to, o er than section 501(c)(3)) or in si nedule. | · - | ations described | Yes | X | No |
| | (a) Name of or | | (b) Type of organization | (c) Description of relati | onship | | |
| | N/A | <u></u> | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | _ | | | | | |
| | | | | | | | |
| Sign Here | | emplete Declaration of preparer (other to | | statements, and to the best of my knowledge ation of which preparer has any knowledge Title | May the IRS of return with the shown below X Yes | preparer (see instr) | |
| | Print/Type preparer's n | | | Date Check If PT | ĪN . | | |
| | Elizabeth | I & | 111 111 | self- employed | | | |
| Paid | Vaccariell | 1 W-\) | otheration | 7 5 16 F | 00357 | 3 <u>4</u> 7 | |

Form **990-PF** (2015)

Firm's EIN ► 36-3994838

Phone no. 847-228-6977

Preparer **Use Only**

Firm's name ► Varey & Vaccariello CPAs PC

Elgin, IL 60123

Firm's address ▶ 2205 Point Boulevard, Suite 210

| F | O | u | n | đ | a | t | i | (|
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

| Part XV Supplementary Information | | | | |
|--|---|---------------------|------------------------|-----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | |
| children's year o hid Contabus of | Nama | PC | The Doula Program | |
| Children's Home & Aid Society of | None | | The Doula Program | |
| Illinois 125 S Wacker Dr Suite 1400 | | | | |
| | | | | 87,715 |
| Chicago, IL 60606 | | | | 07,713 |
| Coles County Mental Health | None | PC | MAP IT (Mobile | |
| Association Inc | | | Appropriately Provided | |
| 750 Broadway Avenue East | | } | Individualized | |
| Mattoon IL 61938 | | | Treatment) | 99,017 |
| | | | | |
| Communities United fka Albany Park | None | ₽C | Safe Schools | |
| Neighborhood Council | | | Consortium | |
| 4749 N Kedzie Ave Ste 2 | | | | |
| Chicago IL 60625 | | | | 50,000 |
| | | | | |
| Community Foundation of East Central | None | PC | Ready, Set, Grow! | |
| Illinois | | | | |
| 307 W University Ave | | | | |
| Champaign IL 61820 | | | | 57,380 |
| | | | | |
| | | | | |
| DuPage County Health Department | None | gov | Ready, Set, Smile | |
| 111 North County Farm Road | | | | |
| Wheaton, IL 60187 | | | | 156,312 |
| | | | | |
| Eastern Illinois Foodbank | None | PC | Giving Tuesday | |
| 2405 N Shore Dr | 10.10 | | Matching Grant | |
| Urbana IL 61802 | | | | 25,000 |
| Epilepsy Fdn of North-Central | None | PC | Interfacing A Mobile | |
| Illinois, Iowa & Nebraska | | | Health Delivery Model | |
| 321 W State St Ste 208 | | | For Pediatric Patients | |
| Rockford, IL 61101 | | | With Refractory | |
| • | <u> </u> | | Epilepsy | 202,086 |
| | | | | |
| | | | | |
| Erie Family Health Center Inc | None | PC | Erie Teen and Young | |
| 1701 West Superior Street | | | Adult Health Center | |
| Chicago IL 60622 | | | | 200,000 |
| Erie Family Health Center Inc | None | PC | Westside H3: | |
| 1701 West Superior Street | | | Developing a Seamless | |
| Chicago, IL 60622 | | | Approach to Behavioral | |
| | | | Health Screening and | 200 00- |
| | | | Treatment for Children | 376,667 |
| | | | | |
| Forefront fka Donors Forum of Chicago | None | PC | General Operating | |
| 208 S LaSalle Street, Suite 1540 | | | | |
| Chicago IL 60604 | <u> </u> | | | 11,604 |
| Total from continuation sheets | | | | 5 102 605 |

Part XV Supplementary Information

| Part XV Supplementary Information | | | | |
|--|--|----------------------|---|----------|
| 3 Grants and Contributions Paid During the | | T | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| | | | | |
| Grantmakers In Health | None | PC | General Operating | |
| 1100 Connecticut Ave, NW Suite 1200 | | | | |
| Washington DC 20036 | | | | 8,050 |
| Greater Illinois Pediatric Palliative | None | PC | Greater Illinois | |
| Care Coalition | | | Pediatric Palliative | |
| 833 W Chicago Ave Ste 300 | | | and Hospice Care | |
| Chicago, IL 60642 | | | Expansion Project | _60,628. |
| m 111 - 1 M 2/ - 1 - 1 D | 7 | | Daniel and an ar 3 | |
| Health and Medicine Policy Research Group | None | PC | Developing an Agenda to Adress ACEs in | |
| 29 E Madison St Ste 602 | | | Illinois | |
| Chicago IL 60602 | | | | 125.000. |
| | | | | |
| Heartland Health Outreach Inc | Yene | PC | Healthy Smile Healthy | |
| 4750 North Sheridan Road | None | FC | Growth Reception and | |
| Chicago IL 60640 | | | Presentation | 1,500. |
| | | | | |
| Tilled a being for Ohildren | Yana | ng. | Oral Health Education | |
| Illinois Action for Children 4753 N Broadway St Ste 1200 | None | PC | & Outreach Pilot | |
| Chicago IL 60640 | | | d outleach Filot | 292,503. |
| | | | | |
| 777 Lada Ghaba Wainanaiba | Van e | 2017 | tiningston County | |
| Illinois State University Campus Box 4625 | None | gov | Livingston County Children's Network | |
| Normal IL 61790 | | | Children's Network | 366,950, |
| Molimar, 11 01790 | · | | | <u> </u> |
| Tilturia Obaba Wainanaiba | Yan a | 2017 | Integrated Behavioral | |
| Illinois State University Campus Box 4625 | none | GOV | Health Training | |
| Normal IL 61790 | | | Pipeline | 99,990. |
| John A Logan College Foundation | None | PC | Southern Illinois | |
| 700 Logan College Dr | | | Coalition for Children | |
| Carterville, IL 62918 | | | and Families - | |
| | | | Developmental | |
| | | | Screening Initiative | 99,000, |
| | | | | |
| Kreider Services Inc | None | PC | Florissa | |
| 500 Anchor Road | | | | 00 040 |
| Dixon, IL 61021 | | | - | 99 940, |
| Livingston County Commission on | None | PC | LCCN Personnel | |
| Children and Youth | | | Sustainability Grant | |
| PO Box 504 | | | | |
| Pontiac IL 61764 | <u> </u> | _l | | 175,000. |
| Total from continuation sheets | | | <u></u> | |

| Part XV Supplementary Information | | | | |
|--|--|----------------------|---|-------------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | genangaton. | |
| Lutheran Social Services of Illinois | None | PC | Parenting Educator and | |
| 1001 E Touhy Ave Ste 50 | | | Advocate for Parents | |
| Des Plaines, IL 60018 | | | of Children in Foster | |
| | | | Care or at risk of | |
| | | | entering Foster Care | 100,000. |
| | | | | |
| Memorial Health System | None | PC | Children's MOSAIC | |
| 710 North 8th Street | | | Project | |
| Springfield, IL 62702 | | | | 174,400, |
| opilingileia, in vivo | | | | |
| | | | | |
| Memorial Health System | None | PC | The Children's MOSAIC | |
| 710 North 8th Street | | | Project | 542 050 |
| Springfield, IL 62702 | | | | 513,350. |
| | | | | |
| Metropolitan Family Services | None | PC | Healthy Minds, Healthy | |
| One North Dearborn | | | Children, Healthy | |
| Chicago, IL 60602 | | | Chicago (H3) | 414,500, |
| | | | | |
| Mindful Teacher Foundation | None | PC | 2015-16 MTT/CCW | |
| | None | FC | Launch: Stratton & USD | |
| PO Box 202 Champaign IL 61824 | | | 116 | 25,447. |
| Champardir, 11 01024 | | | | 25, 337, |
| | | | | |
| Morrison Community School District #6 | None | gov | Morrison School's | |
| 643 Genesse Ave | | | Student Assistance | |
| Morrison, IL 61270 | | | Center | 100,000. |
| | | | | |
| NAMI Metro Suburban Inc | None | ₽C | Mental Health First | |
| 816 Harrison Street | | | Aid Project | |
| Oak Park, IL 60304 | | | | 5,000. |
| | | | | |
| Northwestern University | None | PC PC | Examining the Impact | |
| 633 Clark Street | | | and Sustainability of the Mother's and | |
| Evanston, IL 60208 | | İ | Babies Course | 185,000. |
| | | | Bables Course | 183,000. |
| Northwestern University, Feinberg | None | PC | General Operating | |
| School of Medicine | | | - | |
| 420 East Superior Street | | | | |
| Chicago, IL 60611 | | - | | 2,500. |
| | | | Distance Transport | |
| Peoria Citizens Committee for | None | ₽C | Giving Tuesday | |
| Economic Opportunity Inc | | | Matching Grant | |
| 711 W McBean St | | | | 1 715 |
| Peoria IL 61605 | <u> </u> | | | 1,715. |
| Total from continuation sheets | | | ·—·—···· | |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the | | | | |
|--|---|--|--|----------|
| Recipient | If recipient is an individual, | _ | | |
| | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| River Bend Food Reservoir | None | PC | Giving Tuesday | |
| 4040 Kimmel Drive | | | Matching Grant | |
| Davneport IA 52802 | | | | 2,764 |
| | | | | |
| | None | PC | The Pediatric Clinic | |
| Riverside Medical Center 350 N Wall Street | None | | on Court | |
| Kankakee IL 60901 | | | | 99,960 |
| rankakee, 11 00001 | | | | |
| Sargent Shriver National Center on | None | PC | CHMI Advocacy Planning | |
| Poverty Law | | | Project | |
| 50 E Washington St Suite 500 | | | | |
| Chicago, IL 60602 | | | | 80,000, |
| | | | | |
| Sinai Health System | None | PC | Statewide Oral Health | |
| California Ave at 15th Street | | | Inventory/Assessment/E | |
| Chicago IL 60608 | | | Scan of Illinois | 115,384, |
| | | | | |
| | | 200 | The Community That | |
| Sinnissippi Centers Inc | None | ₽C | Cares (CTC) | |
| 325 Illinois Route 2 | | | cares (cic) | 175,000, |
| Dixon, IL 61021 | | | | 273,000, |
| | | | | |
| Sinnissippi Centers Inc | None | ₽C | The Community That | |
| 325 Illinois Route 2 | | 1 | Cares Project | 240 000 |
| Dixon IL 61021 | | PC | 2 Proposal to Transac | 240,000. |
| Southern Illinois Healthcare | None | PC | A Proposal to Increase Oral Health Services | |
| Foundation Inc 2041 Goose Lake Road | | | for Special Needs | |
| Sauget, IL 62206 | | | Children through a | |
| | | | Continuum of Care | 130,348, |
| | | | | |
| Southern Illinois Healthcare | None | PC PC | Expanding Dental | |
| Foundation Inc | | | Access in the Wabash | |
| 2041 Goose Lake Road | | | Region | 50.000 |
| Sauget, IL 62206 | | | | 50,000. |
| | | | | |
| St Louis Area Food Bank Inc | None | ₽C | Giving Tuesday | |
| 70 Corporate Woods Drive | | | Matching Grant | |
| St Louis, MO 63044 | | - | | 8,075, |
| | | | | |
| Tri-State Food Bank Inc | None | PC | Giving Tuesday | |
| 801 East Michigan Street | | 1 | Matching Grant | |
| Evansville, IN 47711 | | _1 | | 1,100, |
| Total from continuation sheets | | | <u> </u> | |

Foundation Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient Urbana Neighborhood Connections None ÞC H.O.P.E. (Helping Other People Evolve) Center Challenge 1401 E Main Street Urbana IL 61802 50,000. Voices for Illinois Children Inc None Integrated Early Childhood Mental 208 S LaSalle Street, Suite 1490 Health Consultation Chicago, IL 60604 Model and Capacity Building Project 33,720. Total from continuation sheets

736 068,

Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient Safe Schools Communities United fka Albany Park None PС Consortium Neighborhood Council 4749 N Kedzie Ave Ste 2 50,000. Chicago, IL 60625 None ÞC ILCHF Giving Tuesday Eastern Illinois Foodbank Matching Grant 2405 N Shore Dr 25,000. Urbana, IL 61802 Erie Family Health Center Inc None ÞС Shriver Center CMHI Proposal with Partners 1701 West Superior Street Chicago, IL 60622 5_000. РC ILCHF Giving Tuesday Greater Chicago Food Depository None Matching Grant 4100 W Ann Lurie Pl 25,000. Chicago IL 60632 PC Jane Addams Community Mental Health None Shared Care Center 1045 W Stephenson St 100,000. Freeport, IL 61032 Memorial Health System None ÞC CHMI Advocacy Planning Project 710 North 8th Street 5,000. Springfield, IL 62702 PC Shriver Center CHMI None Metropolitan Family Services Proposal with Partners One North Dearborn 5,000. Chicago IL 60602 Northern Illinois Food Bank None ÞС ILCHF Giving Tuesday Matching Grant 273 Dearborn Court 25,000. Geneva, IL 60134 ÞС Northwestern University None Examining the Impact and Sustainability of 633 Clark Street the Mother's and Evanston, IL 60208 Babies Course 145,685, Oak Park and River Forest Infant None ÞC CHMI Advocacy Planning Project - Shriver Welfare Society Center 320 Lake Street Oak Park IL 60302 5,000.

Total from continuation sheets

| 3 Grants and Contributions Approved for Fu | ture Payment (Continuation) | | | |
|--|--|----------------------|----------------------------------|----------|
| Recipient | If recipient is an individual, | | | <u> </u> |
| · | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| | | | | |
| Peoria Citizens Committee for | None | PC | ILCHF Giving Tuesday | |
| Economic Opportunity Inc | | | Matching Grant | |
| 711 W McBean St | , | | | |
| Peoria, IL 61605 | | | | 9,22 |
| | | | | |
| | | | | |
| Promise Healthcare NFP | None | PC | Food As Medicine | |
| 819 Bloomington Road | | | | |
| Champaign IL 61820 | | | | 98,730 |
| Outros Dublic Caboola District 172 | None | GOV | Adams County | |
| Quincy Public Schools, District 172 | None | GOV | Children's Mental | |
| 1416 Maine Street | | | Health | |
| Quincy, IL 62301 | | | Partnership-Phase 2 | 154,821 |
| | | | Farchership-Fhase 2 | 134,021 |
| | | | | |
| River Bend Food Reservoir | None | PC | ILCHF Giving Tuesday | |
| 4040 Kimmel Drive | | | Matching Grant | |
| Davneport IA 52802 | | | | 12,450 |
| | | | | |
| | | | | |
| Sinai Health System | None | ₽C | Statewide Oral Health | |
| California Ave at 15th Street | | | Inventory/Assessment/E | 20.000 |
| Chicago, IL 60608 | | | Scan of Illinois | 20,000 |
| | | | | |
| Sinnissippi Centers Inc | None | PC | CHMI Advocacy Planning | |
| 325 Illinois Route 2 | | | Project | |
| Dixon, IL 61021 | | | | 5,000 |
| | | | | |
| | | | | |
| St Louis Area Food Bank Inc | None | PC | ILCHF Giving Tuesday | |
| 70 Corporate Woods Drive | | | Matching Grant | |
| St Louis, MO 63044 | | | | 7,110 |
| | | | | |
| Transitions of Western Illinois Inc | None | PC | CHMI Advocacy Planning | |
| 4409 Maine Street | | | Project - Shriver | |
| Quincy IL 62305 | | | Center | 5,000 |
| | | | | |
| | | | | |
| Tri-State Food Bank Inc | None | PC | Giving Tuesday | |
| 801 East Michigan Street | | | Matching Grant | |
| Evansville, IN 47711 | | <u> </u> | | 5,200 |
| Habana Najahbarhaad Canasatiana | None | PC | H.O.P.E. (Helping | |
| Urbana Neighborhood Connections | None | F . | Other People Evolve) | |
| Center | | | Challenge | |
| 1401 E Main Street Urbana IL 61802 | | | Cuarrende | 27,850 |
| Total from continuation sheets | | - I | | 21,030 |

| Form 990-PF Intere | st on Saving | s and ' | Tempor | ary (| Cash In | vestments | Statement | 1 |
|--|-----------------|----------------------|--------|---------------------|-----------------------|-----------------------------------|-------------------------------|---|
| Source | | | | | | (b) vestment come | (c) Adjusted Net Income | |
| Northern Trust - Ch | ecking | | | 38. | | 38. | | |
| Total to Part I, li | ne 3 | | | 38. | | 38. | | |
| Form 990-PF | Dividends | and In | terest | from | n Secur | rities | Statement | 2 |
| Source | Gross Amount | Capi Gai Divid | ns | Re | (a) Jenue Books | (b) Net Inves ment Inco | J | |
| Aberdeen - Capital Gain Dividends Aberdeen - | 603,889. | 603 | ,889. | | 0. | | 0. | |
| Dividends Northern Trust - | 115,104. | | 0. | 1: | L5,104. | 115,10 | 4. | |
| Capital Gain Dividends A/C Northern Trust - | 299,846. | 299 | ,846. | | 0. | | 0. | |
| Capital Gain Dividends A/C | 154,828. | 154 | ,828. | | 0. | | 0. | |
| Northern Trust - Dividends | 2,977,780. | | 0. | 2,9 | 77,780. | 2,977,78 | 0. | |
| Northern Trust - Interest | 114. | | 0. | | 114. | 11 | 4. | |
| To Part I, line 4 | 4,151,561. | 1,058 | ,563. | 3,0 | 92,998. | 3,092,99 | 8. | |
| Form 990-PF | | Othe | r Inco | me | | | Statement | 3 |
| Description | | | Re | (a) venu Bool | | (b) Wet Invest- Ment Income | (c) Adjuste Net Inco | |
| Class Action Income | : | | | 1 | ,912. | 1,912 | • | |
| Total to Form 990- | PF, Part I, 1 | line 11 | | 1 | ,912. | 1,912 | • | |

| Form 990-PF | Legal | Fees | 9 | tatement 4 |
|--|---|-----------------------------------|-------------------------------|-------------------------------|
| TOTAL JOURN | | | | |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Legal fees - Quarles & Brady LLP | 19,532. | 4,588. | | 13,594. |
| To Fm 990-PF, Pg 1, ln 16a | 19,532. | 4,588. | | 13,594. |
| Form 990-PF | Accounti | ng Fees | S | tatement 5 |
| Description | (a) Expenses Per Books | | (c) Adjusted Net Income | (d) Charitable Purposes |
| Accounting fees - Varey & Vaccariello CPAs PC | 38,125. | 38,125. | | 0. |
| Audit fees - Crowe Horwath LLP | 14,500. | 3,625. | | 10,875. |
| To Form 990-PF, Pg 1, ln 16b | 52,625. | 41,750. | | 10,875. |
| • | | | | |
| Form 990-PF | Other Profes | sional Fees | S | tatement 6 |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Payroll service fees I/S Support Investment consulting Northern Trust custody fee Northern Trust investment fee Program consultation & | 12,498. 7,200. 82,000. 8,500. 78,381. | 82,000. 8,500. | | 12,433. 7,200. 0. 0. |
| evaluation - NTI Upstream/Children Research Strategic planning - Susan | 100,606. | 0. | | 58,606. |
| Meier Aberdeen investment fees Program consultation & | 21,120. 48,533. | | | 26,6 47. 0. |
| evaluation - Dr. Bennett Leventhal | 45,000. | 0. | | 37,500. |
| Strategic planning - MBMD Strategic Consultants LLC | 10,523. | 0. | | 10,523. |
| | | | | |

| Illinoi's Children's Healtho | | | | |
|--|---------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Program consultation & evaluation - UC Regents | 140,000. | 0. | | 192,500. |
| Temporary staffing - Managed Care Staffers | 2,909. | 0. | | 2,909. |
| Investment expenses through K-1 | 13,679. | 13,679. | | 0. |
| To Form 990-PF, Pg 1, ln 16c = | 570,949. | 231,158. | | 348,318. |
| Form 990-PF | Tax | es | St | tatement 7 |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Section 4940 excise tax | 162,426. | 0. | | 0. |
| To Form 990-PF, Pg 1, ln 18 | 162,426. | 0. | | 0. |
| = | | - | | |
| Form 990-PF | Other E | xpenses | Si | tatement 8 |
| | Other E (a) Expenses Per Books | (b) Net Invest- | (c) Adjusted Net Income | |
| Description Equipment rental and maintenance Supplies | (a) Expenses | (b) Net Invest- | (c) Adjusted | tatement 8 (d) Charitable |
| Description Equipment rental and maintenance | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted | (d) Charitable Purposes |

| Form 990-PF Other Increases in Net As | sets or Fu | nd Balances | Statement | 9 |
|---|------------|---|----------------------------------|------|
| Description | | | Amount | |
| Income Modification - Grants Returned | | | 3 | 384. |
| Total to Form 990-PF, Part III, line 3 | | | 3 | 884. |
| Form 990-PF Other Decreases in Net A | ssets or F | und Balances | Statement | 10 |
| Description | | | Amount | |
| Unrealized loss on investments carried | at market | value | 17,923,6 | 10. |
| Total to Form 990-PF, Part III, line 5 | | | 17,923,6 | 10. |
| Form 990-PF U.S. and State/City | Government | Obligations | Statement | 11 |
| U. Description Gov | S. Other | Book Value | Fair Marke Value | ;t |
| MFO Vanguard Total Bond Market X Index Fd | | 29,489,206. | 29,489,2 | 06. |
| Total U.S. Government Obligations | • | 29,489,206. | 29,489,2 | 06. |
| Total State and Municipal Government Ob | ligations | | | |
| Total to Form 990-PF, Part II, line 10a | | 29,489,206. | 29,489,2 | 06. |
| Form 990-PF Corpora | te Stock | | Statement | 12 |
| Description | | Book Value | Fair Marke Value | :t |
| MFB NTGI Com Daily All Ctry World Equit | y Index | | | |
| Fd MFO Vanguard Total Stk Mkt Indx Fd MFB NTGI ACW IMI Index Fund | | 17,603,029. 45,137,306. 24,727,664. | 17,603,0 45,137,3 24,727,6 | 06. |
| Total to Form 990-PF, Part II, line 10b | | 87,467,999. | 87,467,9 | 99. |
| | | | | |

0.

| Form 990-PF (| Corporate Bonds | | Statement | 13 |
|--|------------------------|---|--------------------|------|
| Description | Book Value | Fair Market Value | | |
| MFO Scout Fds Core Plus Bond Fd Metropolitan West Total Return Bo | ond Fund | 4,818,452. 4,880,515. | 4,818,4 4,880,5 | |
| Total to Form 990-PF, Part II, 1: | ine 10c | 9,698,967. | 9,698,9 | 967. |
| Form 990-PF Depreciation of Ass | sets Not Held for | Investment | Statement | 14 |
| Description | Cost or Other Basis | Accumulated Depreciation | Book Valu | ıe |
| HP LaserJet 2300N Printer Office Furniture | 1,207. 12,226. | 1,207. 12,226. | | 0. |
| GIFTS Grants Management Software Quickbooks for Nonprofits | 17,249. | 17,249. | | 0. |
| Software | 497. | 497. | | 0. |
| Dell 2200 MP LCD Projector | 1,293. | 1,293. | | 0. |
| Office Furniture GIFTS Grants Application | 4,924. | 4,924. | | 0. |
| Module Software | 6,381. | 6,381. | | 0. |
| Polycom Soundstation2 Speaker | ,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Phone | 625. | 625. | | 0. |
| Gifts Plus Pack Software | 945. | 945. | | 0. |
| Desktop Computer | 921. | 921. | | 0. |
| Office Furniture | 1,369. | 1,369. | | 0. |
| Smart Buy DL 360 - Two | 4,524. | 4,524. | | 0. |
| 146GB 10K RPM Hard Drives - | 1 000 | 1 000 | | _ |
| Six | 1,890. | 1,890. | | 0. |
| ASA 5505 8Port SSL | 384. | 384. | | 0. |
| 400/800GB LT03 960 Tape Drive | 2,795. | 2,795. | | 0. |
| Smart Buy 6730B P8400 - Three Smart Buy DC5800 SFF E8400 - | 2,700. | 2,700. | | 0. |
| Two | 1,450. | 1,450. | | 0. |
| Netshelter SX 24U Deep | 1,430. | 1,430. | | 0. |
| Enclosure | 1,025. | 1,025. | | 0. |
| APC Smart-UPS 1500VA | 635. | 635. | | 0. |
| Laserjet P4014N MONO LASER | 815. | 815. | | 0. |
| Catalyst 2960 20Port Gigabit | 1,900. | 1,900. | | 0. |
| Installation New Computer | 1,5001 | 1,500. | | • |
| Equip | 3,887. | 3,887. | | 0. |
| EXP Backup Exec SBS Prem Ed | 3,007. | 5,007. | | ٠. |
| 12.5 Win | 689. | 689. | | 0. |
| OLP Win Small Bus Svr Prem | | | | |
| 2000 | 1 570 | 1 570 | | ^ |

1,579. 1,579.

2008

| Illinoïs Children's Healthcare | Foundatio | | 03-0503425 |
|-----------------------------------|-------------------------------|---|----------------------|
| OLP Win Small Bus Svr Prem Cal | | | |
| Ste 2008 | 786. | 786. | 0. |
| OLP Win Svr Std 2008 Sngl NL | 690. | 690. | 0. |
| Ayaya Phone System | 4,870. | 4,870. | 0. |
| Office Furniture - Two Chairs | 1,503. | 1,362. | 141. |
| Office Furniture - Three Media | | | |
| Towers | 2,137. | 1,932. | 205. |
| Office Furniture - 4 Cabinets | · | | |
| with Custom Top | 2,002. | 1,811. | 191. |
| Office Furniture | 12,385. | 9,731. | 2,654. |
| Office Furniture - Cabinets | · | · | • |
| with Glass Doors | 1,674. | 1,255. | 419. |
| EX7200 Multimedia Projector | 757. | 745. | 12. |
| HP EliteBook 8570p - Two | 2,598. | 1,516. | 1,082. |
| HP Compag Elite 8300 - Two | 1,598. | 933. | 665. |
| Microsoft Office PRO Plus 2013 | 1,000. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0031 |
| - Four | 1,956. | 1,902. | 54. |
| Microsoft Surface | 1,301. | 455. | 846. |
| Office Furniture - 3 Chairs | 1,200. | 229. | 971. |
| Office Furniture - Desk and | 1,200. | 223. | 3/1. |
| Credenzia | 1,858. | 353. | 1,505. |
| | 963. | 96. | 867. |
| HP EliteBook 840 G2 Windows 7 | 962. | 80. | 882. |
| HP EliteBook 840 G2 Windows 7 | 902. | | |
| Total To Fm 990-PF, Part II, ln 1 | 4 111,150. | 100,656. | 10,494. |
| Form 990-PF | Other Assets | | Statement 15 |
| | | | |
| Description | Beginning of Yr Book Value | End of Year Book Value | Fair Market Value |
| Accrued Income | 139,759. | 145,767. | 145,767. |
| Section 4940 Excise Tax | | | |
| Refundable | 4,260. | 0. | 0. |
| To Form 990-PF, Part II, line 15 | 144,019. | 145,767. | 145,767. |
| | | | |
| Form 990-PF Ot | her Liabilities | | Statement 16 |
| Description | | BOY Amount | EOY Amount |
| Section 4940 Excise Tax Payable | | 0. | 57,426. |
| Total to Form 990-PF, Part II, li | ne 22 | 0. | 57,426. |
| IUCAI CO FOLM 770 EF. CALL III | 116 22 | | |

| | t of Officers, Di Foundation Manag | | State | ement 17 |
|---|---------------------------------------|-------------|---------|----------|
| Name and Address | Title and Avrg Hrs/Wk | - | | Expense |
| J. Kevin Dorsey, MD PhD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Chair/Director 5.00 | 0. | 0. | 0. |
| Michael Parker ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Vice Chair/Dire | ector 0. | 0. | 0. |
| Floyd D. Perkins ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Treasurer/Direction 5.00 | ctor 0. | 0. | 0. |
| Terry F. Hatch, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Secretary/Direction 5.00 | ctor 0. | 0. | 0. |
| Heather Higgins Alderman ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | President 40.00 | 192,750. | 18,381. | 0. |
| Charles E. Box ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Philip S. Cali ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Louise Coleman, EdD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 5.00 | 0. | 0. | 0. |
| Peter Flynn, PhD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Kathy L. Halloran ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| John Jasinski ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |

| Illinoi's Children's Healthcare F | oundatio | | 03-0503 | 3425 |
|--|-------------------|-------------|-----------|------|
| Michael Parker ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Ruth B. Rosenthal, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Christine Rosso ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Kay L. Saving, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Billie Wright Adams, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Director 2.00 | 0. | 0. | 0. |
| Peter E. Doris, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Board Member 2.00 | Emeritus 0. | 0. | 0. |
| C. William Pollard ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Board Member 2.00 | Emeritus 0. | 0. | 0. |
| James Ryan ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523 | Board Member 2.00 | Emeritus 0. | 0. | 0. |
| Totals included on 990-PF, Page 6, | Part VIII | 192,750. | 18,381. | 0. |
| Form 990-PF Summary of Dire | ct Charitable | Activities | Statement | 18 |

Activity One

The Illinois Children's Healthcare Foundation works to ensure that every child in Illinois has access to affordable and quality health care by making grants to other not-for-profit organizations that conduct programs designed to address a variety of access issues. Grantmaking is focused in two specific areas: improving the oral health of underserved children and addressing the mental health needs of children. In addition, the Foundation monitors other emerging health issues that the Board of Directors may

| Illinoïs | Children's | ${\tt Healthcare}$ | Foundation |
|----------|------------|--------------------|------------|
| | | | |

03-0503425

select as focus areas in the future.

The Foundation has no direct charitable activities.

Expenses

To Form 990-PF, Part IX-A, line 1

0.

Form 990-PF Cash Deemed Charitable Explanation Statement Statement 19
Part X, Line 4

PART X - LINE 4 - MINIMUM INVESTMENT RETURN

The Illinois Children's Healthcare Foundation chooses to use the amount of adminstrative expenses and charitable disbursements, as shown in Part I, Line 26D of the return, as the cash deemed held for charitable activities due to the large distributions of the organization.

Form 990-PF Grant Application Submission Information Statement 20
Part XV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

www.ilchf.org - All applicants must submit their proposals electronically

Telephone Number

(630) 571-2555

Name of Grant Program

RFPs - Request for Proposal

Email Address

www.ilchf.org

Form and Content of Applications

Review the open RFP(s) on our website and determine whether your project is a match to the projects being sought for funding. Submit a Letter of Inquiry or Proposal (based on the specific RFP timeline) with the required information by the posting deadline. Be sure to attach all of the requested documentation - incomplete applications will be eliminated from consideration. All applicants must submit their proposals electronically - including all required attachments.

Any Submission Deadlines

Please visit our website for currently open RFPs. Submission deadlines vary from year to year.

Restrictions and Limitations on Awards

You must be either (1) an organization that has been determined by the IRS to be an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), that is a public charity described in Section 509(a)(1), (2), or (3) of the Code and that is not a Type III supporting organization within the meaning of Section 4943(f)(5)(A) of the Code; or, (2) is a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Code. Your proposed activities must serve Illinois children.

Name and Address of Person to Whom Applications Should be Submitted

Program Officer - Illinois Children's Healthcare Foundation 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523

Telephone Number

Name of Grant Program

(630) 571-2555

Innovation/Emerging Needs Funding

Form and Content of Applications

To propose a project for consideration for Innovation/Emerging Needs Funding, please contact a member of the Foundation's Staff to discuss it. A short project write-up may be submitted to assist during the preliminary conversation.

Any Submission Deadlines

There is no formal deadline to submit an application.

Restrictions and Limitations on Awards

Eligible projects will be able to demonstrate: Innovation, Support of evidence-based research and/or best practices, Potential for statewide system change, and Impact on children's healthcare in Illinois. There is no specific dollar amount assigned to engagement funding projects, although it is anticipated that most grants will be less than \$250,000. You must be either (1) an organization that has been determined by the IRS to be an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), that is a public charity described in Section 509(a)(1), (2), or (3) of the Code and that is not a Type III supporting organization within the meaning of Section 4943(f)(5)(A) of the Code; or, (2) is a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Code.

| Current Year Deduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0. | on Deduction |
|-----------------------------|-------------------------------|------------------|---|---|---------------------------------|--------------------|----------------------|-------------------------------------|-----------------------------|--------------------|-------------|----------|-------------------------------------|----------------------|----------|--------|--------|---------------------------------------|---|
| Current C Sec 179 | | · | | | | | | | | | | | | | | | | | rcial Revitalizati |
| Accumulated Depreciation | 1,207. | 12,226. | 17,249. | 497. | 1,293. | 4,924. | 6,381. | 625. | 945. | 921. | 1,369. | 4,524. | 1,890. | 384. | 2,795. | 2,700. | 1,450. | 1,025. | ge, Bonus, Comme |
| Basis For Depreciation | 1,207. | 12,226. | 17,249. | 497. | 1,293. | 4,924. | 6,381. | 625. | 945. | 921. | 1,369. | 4,524. | 1,890. | 384. | 2,795. | 2,700. | 1,450. | 1,025. | * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction |
| Reduction In Basis | | | | | | | | | | | | | | | | | | | * ITC |
| Bus % Excl | | - | | | | | | | | | | | | | | | | | |
| Unadjusted Cost Or Basis | 1,207. | 12,226. | 17,249. | 497 | 1,293. | 4,924. | 6,381. | 625. | 945. | 921. | 1,369. | 4,524. | 1,890. | 384. | 2,795. | 2,700. | 1,450. | 1,025. | (D) - Asset disposed |
| No o | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | <u>(</u> |
| Life | 5.00 | 7.00 | 3.00 | 3.00 | 5.00 | 7.00 | 3.00 | 5.00 | 3.00 | 5.00 | 7.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | |
| Method | SL | 4SL | SL | SL | $_{ m SI}$ | SL | 5SL | SL | SL | SL | SL | SL | SL | SL | SL | 1S60 | 9SL | SL | |
| Date Acquired | 032904SL | 032904 | 042004 | 033104 | 010605SL | 083105SL | 091505 | 011306SL | 122706SL | 120307SL | 122107SL | 041809SL | 041809SL | 041809SL | 041809SL | 041809 | 041809 | 041809SL | |
| Description | HP LaserJet 2300N 7Printer | Office Furniture | GIFTS Grants 10Management Software042004SL | Quickbooks for 11Nonprofits Software033104SL | Dell 2200 MP LCD 13Projector | 150ffice Furniture | rants tion Module | Polycom 19Soundstation2 Speak011 | Girts Plus Pack Software | 21Desktop Computer | e Furniture | Buy DL | 146GB 10K KPM Hard 4Drives - Six | 25ASA 5505 8Port SSL | μ | P8400 | | Netsneiter SX 240 29Deep Enclosure | |
| Asset | | υı | 70 | 11 | ਜ - | | 1, | 15 | 20 | 21 | 22 | 25 | 24 | 25 | | 27 | | 25 | 528102 04-01-15 |

| Asset No | Description | Date Acquired M | Method | Life | S o | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------------|--|--------------------|------------|------|------------|-----------------------------|---------------|-----------------------|---|-----------------------------|--------------------|---------------------------|
| 30 | APC Smart 1500VA | 041809SL | יט_ | 00. | 16 | 635. | | | 635. | 635. | | 0 |
| 31 | Laserjet P4014N MONO LASER | 041809SL | <u> </u> | 00. | 16 | 815. | | | 815. | 815. | | 0 |
| 32 | Catalyst 2960 20Port Gigabit | 041809SL | . T | 00.9 | 16 | 1,900. | | | 1,900. | 1,900. | | Q. |
| 33 | allation New uter Equip | 041809SL | | 5.00 | 16 | 3,887. | | | 3,887. | 3,887. | | o. |
| 34 | EXP Backup Exe Prem Ed 12.5 W | 041809SL | | 3.00 | 16 | 689 | | | 689 | 689. | | 0 |
| 35 | Svr Prem 2008 | 041809SL | <u>. m</u> | 00. | 16 | 1,579. | | | 1,579. | 1,579. | | 0 |
| 36 | Win Smal Prem Cal | 041809SL | <u> </u> | 00.8 | 16 | 786. | | | 186. | 786. | | 0 |
| 37 | OLP Win Svr Std 2008 Sngl NL | 041809SL | | 3.00 | 16 | .069 | | | .069 | .069 | | 0 |
| 38 | Ø | TS606040 | | 2.00 | 16 | 4,870. | | | 4,870. | 4,870. | | 0 |
| 39 | | 090209SL | | 7.00 | 16 | 1,503. | | | 1,503. | 1,147. | | 215. |
| 40 | 40Three Media Towers | 090209ET | | 7.00 | 16 | 2,137. | | | 2,137. | 1,627. | | 305. |
| 41 | oirice furniture 4 Cabinets with | Cus090309SL | | 7.00 | 16 | 2,002. | | | 2,002. | 1,525. | | 286. |
| 42 | 42Office Furniture | 071910SL | | 7.00 | 16 | 12,385. | | | 12,385. | 7,962. | | 1,769. |
| 43 | 43Cabinets with Glass100110SL | 100110SI | | 7.00 | 16 | 1,674. | | | 1,674. | 1,016. | | 239. |
| 44 | EA/200 Multimedia Projector HD Elitebook 8570m | 022211SL | | 2.00 | 16 | 757. | | | 757. | 593. | | 152. |
| 45 | hr Elicebook - Two mp opmonental | 020113SL | | 2.00 | 16 | 2,598. | | | 2,598. | .966 | | 520. |
| 46 | 468300 - Two | 020113SL | <u> </u> | 00.9 | 16 | 1,598. | | | 1,598. | 613. | | 320. |
| 47 | Microsort Urilce 47PRO Plus 2013 - Fou | Fou020113SL | | 00. | 16 | 1,956. | | | 1,956. | 1,250. | | 652. |
| 528102 04-01-15 | | | | | (<u>)</u> | (D) - Asset disposed | | * ITC | • ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction | age, Bonus, Com | mercial Revita | ization Deduction |

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF Page 1

990-PF

| · | | | | - | • | | | | | | | | | | | - |
|-----------------------------|----------|----------------------------|--|----------------------------------|----------------------------------|-----------------------------|------------------|-------------------|--------------|--------------|----------------|-------------------|-------------------|------|---|---------------|
| Current Year Deduction | 260. | 172. | 265. | 96 | 80. | 5,331 | | | | | | | | | | |
| Current Sec 179 | | | | | | 0 | | | | | | | | | | |
| Accumulated Depreciation | 195. | 57. | 88 | | | 95,325. | | 95,325. | 0 | 0 | 95,325. | 100,656. | 10,494. | | | |
| Basis For Depreciation | 1,301. | 1,200. | 1,858. | 963. | 962. | 111,150. | | 109,225. | 1,925. | 0 | 111,150. | | | | - | |
| Reduction In Basis | | | | | | 0 | | 0 | 0 | 0 | 0 | | | | | |
| Bus % Excl | | | | | | | · | | | | | | | | | |
| Unadjusted Cost Or Basis | 1,301. | 1,200. | 1,858. | 963. | 962. | 111,150. | | 109,225. | 1,925. | 0 | 111,150. | | | | | : |
| No No | 16 | 16 | 16 | 16 | 16 | | | | | | | | | | | |
| Life | 5.00 | 7.00 | 7.00 | 5.00 | 5.00 | | | | | | | | | | | |
| Method | SL | SL | SL | SL | SL | | | | | | | | | | | |
| Date Acquired | 040114SL | 090114SL | 090114SL | 070115SL | 080115SL | | | | | | | | | | | |
| Description | | Ollice rumicule - 3 Chairs | Office Furniture - Desk and Credenzia | HP EliteBook 840 G2 Windows 7 | HP EliteBook 840 GZ Windows 7 | * Total 990-PF Pg l Depr | Current Activity | Beginning balance | Acquisitions | Dispositions | Ending balance | Ending accum depr | Ending book value | | | |
| Asset No | ω, | 49 | 50 | 51 | 52 | | | | | | | | | | | - 1 |

(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction