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Extended to January 17, 2017

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning JUN 1, 2015 , and ending MAY 31, 2016

Name of foundation
Healthcare Foundation of Northern Lake County

A Employer identification number
20-5253008

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
114 South Genesee Street | 505

B Telephone number
(847) 377-0525

City or town, state or province, country, and ZIP or foreign postal code
Waukegan, IL 60085

C If exemption application is pending, check here ▶ ☐

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

D 1 Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 53,372,014.

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

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	38,667.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	114.	114.		Statement 1
	4 Dividends and interest from securities	1,007,735.	1,007,735.		Statement 2
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,306,306.			
	b Gross sales price for all assets on line 6a 6,085,260.				
	7 Capital gain net income (from Part IV, line 2)		1,306,306.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	7,170.	7,170.		Statement 3
	12 Total Add lines 1 through 11	2,359,992.	2,321,325.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	187,855.	5,636.		182,219.
	14 Other employee salaries and wages	112,738.	7,273.		105,465.
	15 Pension plans, employee benefits	51,134.	1,560.		49,574.
	16a Legal fees Stmt 4	767.	38.		729.
	b Accounting fees Stmt 5	33,635.	25,023.		8,612.
	c Other professional fees Stmt 6	142,870.	78,809.		64,061.
	17 Interest				
	18 Taxes Stmt 7	36,120.	14,251.		0.
	19 Depreciation and depletion	3,120.	93.		
	20 Occupancy	20,629.	619.		20,010.
	21 Travel, conferences, and meetings	17,278.	217.		17,061.
	22 Printing and publications	1,762.	53.		1,709.
	23 Other expenses Stmt 8	31,324.	896.		30,428.
	24 **Total operating and administrative expenses** Add lines 13 through 23	639,232.	134,468.		479,868.
	25 Contributions, gifts, grants paid	2,326,741.			2,245,789.
	26 **Total expenses and disbursements** Add lines 24 and 25	2,965,973.	134,468.		2,725,657.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<605,981.>			
	b **Net investment income** (if negative, enter -0-)		2,186,857.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

SCANNED JAN 26 2017

RECEIVED JAN 13 2017 OGDEN, UT

13640

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	856,817.	931,159.	931,159.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶	10,776.	0.	0.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	6,875.	1,726.	1,726.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock Stmt 11	37,949,078.	34,522,445.	34,522,445.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other Stmt 12	19,016,567.	17,536,354.	17,536,354.
	14 Land, buildings, and equipment: basis ▶ 34,424.			
	Less accumulated depreciation Stmt 13 ▶ 27,904.	7,686.	6,520.	6,520.
	15 Other assets (describe ▶ Statement 14)	394,316.	373,810.	373,810.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	58,242,115.	53,372,014.	53,372,014.
Liabilities	17 Accounts payable and accrued expenses	9,990.	9,855.	
	18 Grants payable	1,895,984.	1,976,936.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	1,905,974.	1,986,791.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	56,336,141.	51,385,223.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	56,336,141.	51,385,223.	
	31 **Total liabilities and net assets/fund balances**	58,242,115.	53,372,014.	

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	56,336,141.
2	Enter amount from Part I, line 27a	2	<605,981.>
3	Other increases not included in line 2 (itemize) ▶ See Statement 9	3	10,996.
4	Add lines 1, 2, and 3	4	55,741,156.
5	Decreases not included in line 2 (itemize) ▶ See Statement 10	5	4,355,933.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	51,385,223.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	Publically Traded Securities at BMO Harris			
b	Bank			
c	Publically Traded Securities at BMO Harris			
d	Bank			
e	Capital Gains Dividends			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b	654,844.		701,297.	<46,453.>
c				
d	4,493,795.		4,077,657.	416,138.
e	936,621.			936,621.

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				
b				<46,453.>
c				
d				416,138.
e				936,621.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,306,306.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	2,577,633.	54,952,740.	.046906
2013	2,469,354.	52,865,679.	.046710
2012	2,020,521.	48,761,313.	.041437
2011	2,262,983.	45,009,581.	.050278
2010	1,638,958.	43,939,200.	.037301

2	**Total** of line 1, column (d)	2	.222632
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.044526
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	51,197,593.
5	Multiply line 4 by line 3	5	2,279,624.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	21,869.
7	Add lines 5 and 6	7	2,301,493.
8	Enter qualifying distributions from Part XII, line 4	8	2,725,657.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b	1	21,869.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	21,869.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	21,869.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 63,594.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	63,594.
8	Enter any **penalty** for underpayment of estimated tax. Check here [X] if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	41,725.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ 22,000. **Refunded** ▶	11	19,725.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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

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

Website address ▶ www.hfnlc.org

14 The books are in care of ▶ The Foundation Telephone no. ▶ (847) 377-0525

Located at ▶ 114 South Genesee Street, No. 505, Waukegan, IL ZIP+4 ▶ 60085

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

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

			Yes	No
16	At any time during calendar year 2015, 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. If "Yes," enter the name of the foreign country ▶	16		X

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception**. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	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)):			
a	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 before 2015? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 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		
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 2015?	4b		X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 15		187,855.	34,304.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Angela Baran - c/o Healthcare Fdn of NLC, Waukegan, IL 60085	Program Officer 40.00	83,646.	15,830.	0.

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
Ellwood Associates - 33 West Monroe Street, Suite 1850, Chicago, IL 60603	Investment Management	62,539.

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

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

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	53,160,563.
b	Average of monthly cash balances		1b	437,932.
c	Fair market value of all other assets		1c	324,755.
d	**Total** (add lines 1a, b, and c)		1d	53,923,250.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	53,923,250.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Stmt 16		4	2,725,657.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	51,197,593.
6	**Minimum investment return.** Enter 5% of line 5		6	2,559,880.

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

1	Minimum investment return from Part X, line 6		1	2,559,880.
2a	Tax on investment income for 2015 from Part VI, line 5	2a 21,869.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	21,869.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	2,538,011.
4	Recoveries of amounts treated as qualifying distributions		4	10,996.
5	Add lines 3 and 4		5	2,549,007.
6	Deduction from distributable amount (see instructions)		6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	2,549,007.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,725,657.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,725,657.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	21,869.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,703,788.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				2,549,007.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			2,228,795.	
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				
e From 2014				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $ 2,725,657.				
a Applied to 2014, but not more than line 2a			2,228,795.	
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				496,862.
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:**				
a 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				2,052,145.
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 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				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

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

None

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

None

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

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

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

See Statement 17

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Advocate Charitable Foundation 3075 Highland Parkway, Suite 600 Downers Grove, IL 60515	None	PC	Healthcare	18,750.
Antioch Area Health Access Alliance 874 Main St Antioch, IL 60002	None	PC	Healthcare	81,250.
Arden Shore Child and Family Service 329 N. Genesee Street Waukegan, IL 60085	None	PC	Healthcare	190,000.
Asian Health Coalition 180 W. Washington St Ste 1000 Chicago, IL 60602	None	PC	Healthcare	6,250.
Catholic Charities of the Archdiocese of Chicago 721 N. LaSalle Chicago, IL 60654	None	PC	Healthcare	30,000.
Total See continuation sheet(s)			▶ 3a	2,245,789.
b *Approved for future payment*				
Arden Shore Child and Family Service 329 N. Genesee Street Waukegan, IL 60085	None	PC	Healthcare	75,000.
Asian Health Coalition 180 W. Washington St Ste 1000 Chicago, IL 60602	None	PC	Healthcare	18,750.
Catholic Charities of the Archdiocese of Chicago 721 N. LaSalle Chicago, IL 60654	None	PC	Healthcare	22,500.
Total See continuation sheet(s)			▶ 3b	1,976,936.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue.					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	114.	
4 Dividends and interest from securities			14	1,007,735.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	7,170.	
8 Gain or (loss) from sales of assets other than inventory			18	1,306,306.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,321,325.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)					13 2,321,325.

(See worksheet in line 13 instructions to verify calculations.)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here

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

Signature of officer or trustee | Date 1/10/2017 | Title Chairman

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Elizabeth A. Vaccariello	Elizabeth Vaccariello	1/4/17		P00357347

Firm's name ▶ Varey & Vaccariello CPAs PC | Firm's EIN ▶ 36-3994838

Firm's address ▶ 2205 Point Boulevard, Suite 210, Elgin, IL 60123 | Phone no 847-228-6977

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Childserv 8765 W. Higgins Rd Ste 450 Chicago, IL 60631	None	PC	Healthcare	37,500.
Christ Episcopal Church 410 Grand Ave. Waukegan, IL 60085	None	PC	Healthcare	17,500.
College of Lake County 19351 W. Washington St Grayslake, IL 60030	None	NC - Public University	Healthcare	75,000.
Community Youth Network Inc 18640 W. Belvidere Rd. Grayslake, IL 60030	None	PC	Healthcare	80,000.
Dominican University 7900 Division St River Forest, IL 60305	None	PC	Healthcare	75,000.
Donors Forum 208 S. LaSalle, Suite 1540 Chicago, IL 60604	None	PC	Healthcare	4,561.
Erie Family Health Center Inc 1701 W. Superior St Chicago, IL 60622	None	PC	Healthcare	196,329.
EverThrive Illinois 1256 W. Chicago Ave. Chicago, IL 60642	None	PC	Healthcare	27,000.
Hispanic American Community Education & Services Inc 641 Lorraine Ave Waukegan, IL 60085	None	PC	Healthcare	35,000.
Lake County Community Health Center 3010 Grand Ave Waukegan, IL 60085	None	GOV	Healthcare	144,000.
Total from continuation sheets				1,919,539.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Lake County Community Health Center 3010 Grand Ave Waukegan, IL 60085	None	GOV	Healthcare	122,500.
Lake County Crisis Center for Prevention & Treatment of Domestic Violence 2710 17th Street, Suite 100 Zion, IL 60099	None	PC	Healthcare	27,500.
Mano a Mano Family Resource Center 6 E. Main St Round Lake Park, IL 60073	None	PC	Healthcare	65,000.
Mercy Housing Lakefront 120 S. LaSalle St. Suite 1850 Chicago, IL 60603	None	PC	Healthcare	26,250.
Metropolitan Chicago Breast Cancer Task Force 1645 W. Jackson Blvd Ste 450 Chicago, IL 60612	None	PC	Healthcare	48,750.
Most Blessed Trinity 450 Keller Ave Waukegan, IL 60085	None	PC	Healthcare	8,750.
NICASA, NFP 31979 N. Fish Lake Rd. Round Lake, IL 60073	None	PC	Healthcare	144,665.
Open Arms Mission NFP 1548 S. Main Street Antioch, IL 60002	None	PC	Healthcare	18,750.
PADS Lake County Inc 1800 Grand Ave Waukegan, IL 60085	None	PC	Healthcare	110,000.
Respiratory Health Association of Metropolitan Chicago 1440 W. Washington Blvd Chicago, IL 60607	None	PC	Healthcare	48,750.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Rosalind Franklin University Health System 3333 Green Bay Rd North Chicago, IL 60064	None	SO I	Healthcare	72,500.
Rosalind Franklin University of Medicine & Science 3333 Green Bay Rd North Chicago, IL 60064	None	PC	Healthcare	117,084.
TASC Inc 700 S. Clinton St Chicago, IL 60607	None	PC	Healthcare	100,000.
United Way of Lake County 330 South Greenleaf Street Gurnee, IL 60031	None	PC	Healthcare	25,000.
Waukegan Public Library Foundation 128 N. County St Waukegan, IL 60085	None	SO I	Healthcare	36,750.
Waukegan Township C A R E S 149 S. Genesee St Waukegan, IL 60085	None	PC	Healthcare	7,500.
Yblc Inc 1812 Morrow Ave North Chicago, IL 60064	None	PC	Healthcare	63,750.
YWCA of Lake County 1425 Tri-State Pkwy, Suite 180 Gurnee, IL 60031	None	PC	Healthcare	52,500.
Zacharias Sexual Abuse Center 4275 Old Grand Avenue Gurnee, IL 60031	None	PC	Healthcare	76,250.
Zion Benton Childrens Service Inc 1608 23rd St Zion, IL 60099	None	PC	Healthcare	30,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Zion Elementary School District 6 2200 Bethesda Blvd Zion, IL 60099	None	GOV	Healthcare	25,400.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Childserv 8765 W. Higgins Rd Ste 450 Chicago, IL 60631	None	PC	Healthcare	22,500.
Christ Episcopal Church 410 Grand Ave. Waukegan, IL 60085	None	PC	Healthcare	15,000.
College of Lake County 19351 W. Washington St Grayslake, IL 60030	None	NC - Public University	Healthcare	70,000.
Community Youth Network Inc 18640 W. Belvidere Rd. Grayslake, IL 60030	None	PC	Healthcare	75,000.
Dominican University 7900 Division St River Forest, IL 60305	None	PC	Healthcare	70,000.
Erie Family Health Center 1701 W. Superior St Chicago, IL 60622	None	PC	Healthcare	166,551.
Family Focus Inc 310 South Peoria, Ste 301 Chicago, IL 60607	None	PC	Healthcare	11,500.
Hispanic American Community Education & Service Inc 641 Lorraine Ave Waukegan, IL 60085	None	PC	Healthcare	25,000.
Lake County Community Health Center 3010 Grand Ave Waukegan, IL 60085	None	GOV	Healthcare	187,500.
Mano a Mano Family Resource Center 6 E. Main St Round Lake Park, IL 60073	None	PC	Healthcare	65,000.
Total from continuation sheets				1,860,686.

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Mercy Housing Lakefront 120 S. LaSalle St. Suite 1850 Chicago, IL 60603	None	PC	Healthcare	22,500.
Metropolitan Chicago Breast Cancer Task Force 1645 W. Jackson Blvd Ste 450 Chicago, IL 60612	None	PC	Healthcare	81,250.
Most Blessed Trinity 450 Keller Ave Waukegan, IL 60085	None	PC	Healthcare	26,250.
NICASA, NFP 31979 N. Fish Lake Rd. Round Lake, IL 60073	None	PC	Healthcare	215,335.
PADS Lake County Inc 1800 Grand Ave Waukegan, IL 60085	None	PC	Healthcare	130,000.
Rosalind Franklin University Health System 3333 Green Bay Rd North Chicago, IL 60064	None	SO I	Healthcare	75,000.
Rosalind Franklin University of Medicine & Science 3333 Green Bay Rd North Chicago, IL 60064	None	PC	Healthcare	155,000.
TASC Inc 700 South Clinton Street Chicago, IL 60607	None	PC	Healthcare	73,000.
Uhlich Children's Advantage Network 3737 N. Mozart Chicago, IL 60618	None	PC	Healthcare	33,800.
United Way of Lake County 330 South Greenleaf Street Gurnee, IL 60031	None	PC	Healthcare	25,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Waukegan Public Library Foundation 128 N. County St Waukegan, IL 60085	None	SO I	Healthcare	42,750.
Waukegan Township C A R E S 149 S. Genesee St Waukegan, IL 60085	None	PC	Healthcare	22,500.
Yblc Inc 1812 Morrow Ave North Chicago, IL 60064	None	PC	Healthcare	45,000.
YWCA of Lake County 1425 Tri-State Pkwy, Suite 180 Gurnee, IL 60031	None	PC	Healthcare	52,500.
Zacharias Sexual Abuse Center 4275 Old Grand Avenue Gurnee, IL 60031	None	PC	Healthcare	131,250.
Zion Benton Childrens Service Inc 1608 23rd St Zion, IL 60099	None	PC	Healthcare	21,500.
Total from continuation sheets				

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

Schedule of Contributors

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

OMB No 1545-0047

2015

Name of the organization
Healthcare Foundation of Northern Lake County

Employer identification number
20-5253008

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
Healthcare Foundation of Northern Lake County

Employer identification number
20-5253008

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ruth Heringlake Charitable Remainder Unitrust 33 South Sixth St, Ste 4545 Minneapolis, MN 55402	$ 38,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: Healthcare Foundation of Northern Lake County

Employer identification number: 20-5253008

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

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

Name of organization	Employer identification number
Healthcare Foundation of Northern Lake County	20-5253008

Part III *Exclusively* religious, charitable, etc , contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of $1,000 or less for the year (Enter this info once) ▶ $

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Interest Income	114.	114.	
Total to Part I, line 3	114.	114.	

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Investment Income	1,944,356.	936,621.	1,007,735.	1,007,735.	
To Part I, line 4	1,944,356.	936,621.	1,007,735.	1,007,735.	

Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Other Income	7,170.	7,170.	
Total to Form 990-PF, Part I, line 11	7,170.	7,170.	

Form 990-PF Legal Fees Statement 4

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - Quarles & Brady LLP	767.	38.		729.
To Fm 990-PF, Pg 1, ln 16a	767.	38.		729.

Form 990-PF Accounting Fees Statement 5

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting fees - Varey & Vaccariello CPAs PC	23,735.	22,548.		1,187.
Audit fees - Miller Cooper & Co., Ltd	9,900.	2,475.		7,425.
To Form 990-PF, Pg 1, ln 16b	33,635.	25,023.		8,612.

Form 990-PF Other Professional Fees Statement 6

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Investment management - Ellwood Associates	62,539.	62,539.		0.
Investment custodial - BMO Harris Bank	16,270.	16,270.		0.
Consulting - Community Needs Assessment - Jenny Richards	46,000.	0.		46,000.
Consulting - Marketing - Kym Abrams Design, Inc	200.	0.		200.
Consulting - Newsletter - EeJayCee, Inc	261.	0.		261.
Consulting - Convening and Leadership - Millennia Consulting LLC	3,500.	0.		3,500.
Consulting - Convening and Leadership - Fund Inc	13,700.	0.		13,700.
Consulting - Convening and Leadership - Leading Healthy Futures, Inc	400.	0.		400.
To Form 990-PF, Pg 1, ln 16c	142,870.	78,809.		64,061.

Form 990-PF Taxes Statement 7

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Foreign Tax W/H	14,251.	14,251.		0.
Section 4940 excise tax	21,869.	0.		0.
To Form 990-PF, Pg 1, ln 18	36,120.	14,251.		0.

Form 990-PF Other Expenses Statement 8

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Advertising	7,909.	0.		7,909.
Bank charges	214.	214.		0.
Dues and memberships	1,780.	0.		1,780.
Licenses and fees	218.	0.		218.
Outside services	7,132.	214.		6,918.
Postage and shipping	475.	0.		475.
Telephone	3,272.	98.		3,174.
Insurance	4,347.	208.		4,139.
Supplies	2,358.	162.		2,196.
Service contracts	3,619.	0.		3,619.
To Form 990-PF, Pg 1, ln 23	31,324.	896.		30,428.

Form 990-PF Other Increases in Net Assets or Fund Balances Statement 9

Description	Amount
Income Modification - Grants Returned	10,996.
Total to Form 990-PF, Part III, line 3	10,996.

Form 990-PF Other Decreases in Net Assets or Fund Balances Statement 10

Description	Amount
Unrealized loss on investments carried at market value	4,355,933.
Total to Form 990-PF, Part III, line 5	4,355,933.

Form 990-PF Corporate Stock Statement 11

Description	Book Value	Fair Market Value
BMO Harris Bank - Equities	34,522,445.	34,522,445.
Total to Form 990-PF, Part II, line 10b	34,522,445.	34,522,445.

Form 990-PF Other Investments Statement 12

Description	Valuation Method	Book Value	Fair Market Value
BMO Harris Bank - Fixed Income	FMV	17,536,354.	17,536,354.
Total to Form 990-PF, Part II, line 13		17,536,354.	17,536,354.

Form 990-PF Depreciation of Assets Not Held for Investment Statement 13

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
First Pearl Software	9,760.	9,760.	0.
Minolta EP 1030 Copier Donated	1,500.	1,500.	0.
Phone Sys. Inter-Tel 3000 & Install	4,773.	4,773.	0.
Two Desk Sets (Desk, credenza, book shelf)	1,095.	1,095.	0.
Three Filing Cabinets (36"wide x 4 drawer)	1,512.	1,512.	0.
Filing cabinet (36"wide x 4 drawer)	695.	595.	100.
Dell Inkjet 966	229.	229.	0.
Dell Latitude E5520	1,358.	1,290.	68.

Dell Latitude E6420	1,331.	1,132.	199.
Conference Table Donated 5/8/12	595.	333.	262.
L-Shaped Desk Donated 5/8/12	495.	277.	218.
L-Shaped Desk Donated 5/8/12	495.	277.	218.
Phone and Network Wiring	810.	634.	176.
Window Treatments - Blinds	539.	288.	251.
Window Treatments - Film Tint	758.	572.	186.
Dell PowerEdge T320 Server	3,107.	1,864.	1,243.
Window Installation	750.	529.	221.
Apple 13" MacBook Pro	1,699.	595.	1,104.
Server Hardware Additions	969.	258.	711.
Dell Computer - Program Officer	1,954.	391.	1,563.
Total To Fm 990-PF, Part II, ln 14	34,424.	27,904.	6,520.

Form 990-PF Other Assets Statement 14

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Accrued Income	12,548.	11,525.	11,525.
Section 4940 Excise Tax Deposit	63,594.	41,725.	41,725.
Illinois Workers Compensation Commission	318,174.	320,560.	320,560.
To Form 990-PF, Part II, line 15	394,316.	373,810.	373,810.

Form 990-PF Part VIII - List of Officers, Directors Trustees and Foundation Managers Statement 15

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
William Ensing, Esq. c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Chair/Director 5.00	0.	0.	0.
Jorge Ortiz c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Vice Chair/Director 5.00	0.	0.	0.
Nadine Johnson, CTP c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Treasurer/Director 5.00	0.	0.	0.
Mary Dominiak, PhD c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Secretary/Director 5.00	0.	0.	0.
Laura Ramirez c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Dave Hatton, CFP c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
John Joanem, Esq. c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Jacquelyn Kendall c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Rodrigo Manjarres, LCPC c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.

Gust Petropoulos c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Diane Klotnia, Esq c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Wendy Rheault, PhD c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Maria Schwartz c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Carolina Duque c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Magdalena McElroy c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Gerard Goshgarian, MD c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Director 1.00	0.	0.	0.
Ernest Vasseur c/o Healthcare Fdn of Northern Lake Cnty, 114 S Genesee St Waukegan, IL 60085	Executive Director 40.00	187,855.	34,304.	0.
Totals included on 990-PF, Page 6, Part VIII		187,855.	34,304.	0.

Form 990-PF Cash Deemed Charitable Explanation Statement Statement 16
Part X, Line 4

PART X - LINE 4 - MINIMUM INVESTMENT RETURN

The Healthcare Foundation of Northern Lake County 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 Part XV, Lines 2a through 2d Statement 17

Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number	Name of Grant Program
(847) 377-0525	Clinical Care Program

Email Address

www.hfnlc.org

Form and Content of Applications

The Foundation uses an online grant application and management system for both letters of inquiry and full proposals. We do not accept hard copies of either letters of inquiry or proposals.
A letter of inquiry must be submitted prior to a full proposal. The letter of inquiry should include a description of the proposed program or project and the outcomes you hope to achieve, an explanation of the need for the program or project, and a budget including expenses and anticipated sources of support.
All applications must address the following components: Need, Access, Sustainability and Evaluation.
You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15
Proposal due (if invited) August 1 and February 1

Restrictions and Limitations on Awards

The Healthcare Foundation of Northern Lake County makes grants only to tax-exempt nonprofit organizations and rarely funds organizations outside Lake County. Grants typically range from $25,000 to $100,000. We give priority to organizations that serve residents of Antioch, Fox Lake, Grayslake--Third Lake, Great Lakes, Gurnee, and Lake Villa--Lindenhurst, North Chicago, Round Lake, Wadsworth, Waukegan, and Zion. We give priority to specific initiatives rather than to general operating support. The Foundation does not fund Biomedical research, Patient financial aid, Religious activities and Services provided by unqualified persons. A grantee organization may receive up to five consecutive years of funding, at the Foundation's discretion. After five consecutive years of funding the organization will be asked to take a year off in seeking support.

Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number	Name of Grant Program
(847) 377-0525	Linkage To Care Program

Email Address

www.hfnlc.org

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Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number	Name of Grant Program
(847) 377-0525	Scholarships Program

Email Address

www.hfnlc.org

Form and Content of Applications

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Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number	Name of Grant Program
(847) 377-0525	Organizational Capacity Building Program

Email Address

www.hfnlc.org

Form and Content of Applications

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All applications must address the following components: Need, Access, Sustainability and Evaluation.
You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15
Proposal due (if invited) August 1 and February 1

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Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number	Name of Grant Program
(847) 377-0525	System Capacity Building Program

Email Address

www.hfnlc.org

Form and Content of Applications

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	First Pearl Software	12 21 07	167	36M	43	9,760.			9,760.	9,760.		0.
3	Minolta EP 1030 Copier Donated	12 26 07	SL	5.00	16	1,500.			1,500.	1,500.		0.
4	Phone Sys. Inter-Tel 3000 & In	03 05 08	SL	5.00	16	4,773.			4,773.	4,773.		0.
5	Two Desk Sets (Desk, credenza, book sh	03 05 08	SL	7.00	16	1,095.			1,095.	1,095.		0.
6	Three Filing Cabinets (36"wide x	05 29 08	SL	7.00	16	1,512.			1,512.	1,512.		0.
8	(D)MacBook MB466LL/A	04 01 09	SL	5.00	16	1,426.			1,426.	1,426.		0.
9	Filing cabinet (36"wide x 4 drawer	06 29 10	SL	7.00	16	695.			695.	496.		99.
10	(D)MacBook MC371LL/A	09 01 10	SL	5.00	16	1,907.			1,907.	1,811.		96.
11	Dell Inkjet 966	06 29 07	SL	5.00	16	229.			229.	229.		0.
12	Dell Latitude E5520	09 01 11	SL	5.00	16	1,358.			1,358.	1,018.		272.
13	Dell Latitude E6420	03 01 12	SL	5.00	16	1,331.			1,331.	865.		267.
14	Conference Table Donated 5/8/12	07 09 12	SL	7.00	16	595.			595.	248.		85.
15	L-Shaped Desk Donated 5/8/12	07 09 12	SL	7.00	16	495.			495.	206.		71.
16	L-Shaped Desk Donated 5/8/12	07 09 12	SL	7.00	16	495.			495.	206.		71.
17	Phone and Network Wiring	07 09 12	SL	5.00	16	810.			810.	473.		161.
18	Window Treatments - Blinds	09 24 12	SL	7.00	16	539.			539.	212.		76.
19	Window Treatments - Film Tint	02 01 13	SL	5.00	16	758.			758.	400.		172.
20	Dell PowerEdge T320 Server	06 01 13	SL	5.00	16	3,107.			3,107.	1,243.		621.

(D) - Asset disposed

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

Form 990-PF Page 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21	Window Installation	11 01 13	SL	5.00	16	750.			750.	324.		205.
22	Apple 13" MacBook Pro	08 31 14	SL	5.00	16	1,699.			1,699.	255.		340.
23	Server Hardware Additions	02 01 15	SL	5.00	16	969.			969.	65.		193.
24	Dell Computer - Program Officer	06 15 15	SL	5.00	16	1,954.			1,954.			391.
	* Total 990-PF Pg 1 Depr & Amort					37,757.		0.	37,757.	28,117.	0.	3,120.
	Current Activity											
	Beginning balance					35,803.		0.	35,803.	28,117.		
	Acquisitions					1,954.		0.	1,954.	0.		
	Dispositions					3,333.		0.	3,333.	3,237.		
	Ending balance					34,424.		0.	34,424.	24,880.		
	Ending accum depr less dispositions									27,904.		
	Ending book value									6,520.		