Extended to November 15, 2017 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. mation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

internal Revenue Service	TOTAL SOUTH AND ICE SOPERATO	modections to at 17 ft frag	1901/10/11/100	Copen to Fuolic inspection
For calendar year 2016 or tax year beginning		, and ending		
Name of foundation			A Employer identification	n number
Illinois Children's Heal	thcare			
Foundation			03-050342	5
Number and street (or P O box number if mail is not delivered to s	treet address)	· · · · · · · · · · · · · · · · · · ·	B Telephone number	
1200 Jorie Blvd		301	(630) 571	-2555
City or town, state or province, country, and ZIP or foreign	gn postal code		C If exemption application is	pending, check here
Oak Brook, IL 60523				
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns, check here
Final return	Amended return		2 Foreign grasnizations n	peeting the R5% test
Address change	Name change	· · · · · · · · · · · · · · · · · · ·	2 Foreign organizations n check here and attach of	computation
	3) exempt private foundation		E If private foundation st	
Section 4947(a)(1) nonexempt charitable trust			under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J Acco	_	X Accrual	F If the foundation is in a	
(from Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)(B), check here
\$ 132,000,109. (Part I, o				1 (4)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	ot (a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received			N/A	
2 Check X if the foundation is not required to attach Sch. E				
Interest on savings and temporary cash investments	60.	60.		Statement 1
4 Dividends and interest from securities	3,225,198.	3,225,198.		Statement 2
5a Gross rents		 		
Net rental income or (loss)				
62 Net gain or (loss) from sale of assets not on line 10	11,086,695.			
b Gross sales price for all 146, 916, 625	<u>•</u>		ļ	
b Gross sales price for all 146,916,625 7 Capital gain ret tricome (from Part IV, line 2)		11,086,695.		
8 Net short-term capital gain				
9 Income modifications Gross sales less returns				
10a and allowances				
b Less Cost of goods sold		<u> </u>		<u> </u>
c Gross profit or (loss)		250		
11 Other income		378.	 	Statement 3
12 Total Add lines 1 through 11				100 050
13 Compensation of officers, directors, trustees, etc				198,850.
14 Other employee salaries and wages				254,699.
15 Pension plans, employee benefits		0.		98,608. 28,991.
16a Legal fees Stmt 4 b Accounting fees Stmt 5	52,362.	41,150.		11,212.
c Other professional fees Stmt 6	· • • • • • • • • • • • • • • • • • • •	72,547.	 	359,304.
U C Other professional rees Schic O	403,330.	12,547.	 	339,304.
17 Interest 18 Taxes Stmt 7 19 Depreciation and depletion 20 Occupancy 21 Travel conferences and meetings 22 Printing and positions ED 23 Other expenses Sent 8 24 Otal operating and administrative of expenses. Add lines 13 through 23 Oct.	224,388.	83,308.		0.
g 18 Taxes Stmt /	5,297.	0.	-	- ·
E 20 Occupancy	43,894.	250.		43,644.
I Travel conferences, and meetings	52,377.	0.		57,167.
E 22 Printing TO ED ED	14,366.	Ö.		24,710.
23 Dther expenses Signt 8		274.		70,939.
# 24 Total operating and administrative	71,213	27.20		,,,,,,,,,
24 local operating and administrative (2) Expenses. Add lines 13 through 23	1,457,526.	204,306.	1	1,148,124.
	8 134 604	203,500.		5,247,168.
26 Total expense Date dispursements.	0,134,004.		<u> </u>	2,22,1100.
Add lines 24 and 25	9,592,130.	204,306.		6,395,292.
27 Subtract line 26 from line 12:		202,300.		<u> </u>
	4,720,201.			
Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	=1,20,201	14,108,025.		-
C Adjusted net income (if negative, enter -0-)		,,	N/A	
623501 11-23-16 LHA For Paperwork Reduction Act N	otice, see instructions		1 20	Form 990-PF (2016
in an in the second in t			1	

For	m 99	0-PF(2016) Foundation			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		of year
<u></u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
•		Cash - non-interest-bearing			4 550 544
		Savings and temporary cash investments	2,200,607.	1,550,714.	1,550,714.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less; allowance for doubtful accounts			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
\$		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	21,990.		
⋖		Investments - U.S. and state government obligations Stmt 10	29,489,206.		
	b	Investments - corporate stock Stmt 11			114,919,025.
		Investments - corporate bonds Stmt 12	9,698,967.	<u>7,279,886.</u>	7,279,886.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ► 120,646.			
		Less accumulated depreciation Stmt 13► 105,953.	10,494.	14,693.	
	15	Other assets (describe ► Accrued Income)	145,767.	0.	0.
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item I)			132,000,109.
	ŀ	Accounts payable and accrued expenses	179,068.	126,158.	
	_	Grants payable	3,391,549.	6,278,985.	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
e		Mortgages and other notes payable			
_	22	Other liabilities (describe Statement 14)	57,426.	70,080.	
					ł
_	23	Total liabilities (add lines 17 through 22)	3,628,043.	6,475,223.	
		Foundations that follow SFAS 117, check here			
10]	and complete lines 24 through 26 and lines 30 and 31.]
ces	24	Unrestricted	125,406,987.	125,524,886.	
Ē	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			1
Net Assets or Fund Balar	27	Capital stock, trust principal, or current funds			
586	28	Paid-in or capital surplus, or land, bldg , and equipment fund			<u> </u>
Ž	29	Retained earnings, accumulated income, endowment, or other funds \dots			
Š	30	Total net assets or fund balances	125,406,987.	125,524,886.	
	1				
	31	Total liabilities and net assets/fund balances	129,035,030.	132,000,109.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
\equiv					T
		net assets or fund balances at beginning of year - Part II, column (a), line			
		at agree with end-of-year figure reported on prior year's return)			125,406,987.
2	Enter	amount from Part I, line 27a		2	4,720,201.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	130,127,188.
5	Decr	eases not included in line 2 (itemize)	See Sta	atement 9 5	4,602,302.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	<u>6</u>	125,524,886.
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See the Part VI instructions.

Illinois Children's Healthcare

	n 990-PF (2016) Foundation 03 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494		503 see ir		ctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T				
`	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ı				
b		1		14	1,0	80.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		14	<u>1,0</u>	80.
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		14	1,0	80.
6	Credits/Payments:					
а	2016 estimated tax payments and 2015 overpayment credited to 2016	ļ				
b	Exempt foreign organizations - tax withheld at source	- 1				
C	Tax paid with application for extension of time to file (Form 8868) 6c 76,194.	-				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7		14	7,1	94.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			1	14.
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 1	10			6,0	00.
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	<u> 11 </u>				0.
Pa	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		ļ		Yes	No
	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)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	l or				İ
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1ç		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.					
е	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?		.	2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	<u> </u>
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?			5		X
	If "Yes," attach the statement required by General Instruction T.	-	[
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	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	N				ĺ
	remain in the governing instrument?			6	X	l
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	
		••	i			
82	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IL		-			1
ь	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		j	8b	х	
g	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar Ar			 _	
	year 2016 or the tayable year heginning in 2016 (see instructions for Part VIVA) If "Voc." complete Part VIV		ļ	9		x
	Did any persons become substantial contributors during the tax year? If "yes," attach a schedule listing their names and addresses	• •	· · · ·	10		X
,,,	the start power of the start of				DE	(2016)

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Form 990-PF (2016) Foundation			03-05034	25 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		• •	es 🗶 No	1 1
 (2) Influence the outcome of any specific public election (see section 4955); or 				
any voter registration drive?			s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes			s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			1 1
4945(d)(4)(A)? (see instructions)		Y	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		
the prevention of cruelty to children or animals?		🗀 Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	n Regulations	i	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		. N/A !	ib
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined		
expenditure responsibility for the grant?	N.	I/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494		, , , , ,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1	
a personal benefit contract?			s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			ib 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 s	helter transaction?	□ v _′	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribute	Itable to the transaction?		N/A	'b
Part VIII Information About Officers, Directors, Trust	ees. Foundation Ma	nagers. Highly	····	
Paid Employees, and Contractors	ooo, roundadon ma	inagoro, rugin	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter-0-)	(d) Contributions to employee benefit plans and defened compensation	account, other allowances
	to position	enter-o-y	compensation	allowances
		İ		
See Statement 15		205,000.	20,893.	0.
Dee Beacement 15		203,000.	20,055	
		1]	
		1		
	<u>. </u>			
			1	
		ļ		
	1dd1:d\ 16			
2 Compensation of five highest-paid employees (other than those inc	,	enter "NONE."	(d) Contributions to	(a) Evnance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deterred	(e) Expense account, other
	devoted to position		compensation	allowances
Robert J. Egan - ICHF, 1200 Jorie	Senior Progra			_
Blvd, Suite 301, Oak Brook, IL 60523	40.00	100,040.	24,379.	0.
	Administrativ	, -	I 1	
Blvd, Suite 301, Oak Brook, IL 60523	40.00	57,059.	31,540.	<u> </u>
Amy Starin, PhD, LCSW - ICHF, 1200	Senior Progra	m Officer	i	
Jorie Blvd, Suite 301, Oak Brook, IL	40.00	64,015.	11,944.	0.
				····
Total number of other employees paid over \$50,000			>	0
Total Control of Contr			Form	990-PF (2016)

Total. Add lines 1 through 3

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	127,170,436,
b		1b	127,170,436. 2,511,279.
c		1c	
d		1d	129,681,715.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1.5	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	129,681,715.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Stmt 17	4	6,395,292.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	123,286,423.
6	Minimum investment return Enter 5% of line 5	6	6,164,321.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	_	0,202,322.
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	6,164,321.
2a	Tax on investment income for 2016 from Part VI, line 5 2a 141, 080.		0/202/0220
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	141,080.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,023,241.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,023,241.
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	6,023,241.
P	art XII Qualifying Distributions (see instructions)		0/023/2410
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes;		·····
·		1a	6,395,292.
b	Program-rehted investments - total from Part IV D	1b	0,393,292.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	<u>- </u>	0.	
b	One destruction and the last of the last o	3a	
A	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	3b 4	6 205 202
-		4	6,395,292.
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	ا ۔	141 000
•	** ******* * **** * * * * * * * * * * *	5	141,080.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,254,212.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section

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`	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Оограз	Tears prior to 2013	2015	2010
line 7				6,023,241.
2 Undistributed income, if any, as of the end of 2016				0,023,211.
a Enter amount for 2015 only			5,278,471.	
b Total for prior years:			3/2.0/2.20	
,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.		- ···	
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 6,395,292.			5 000 404	
a Applied to 2015, but not more than line 2a			5,278,471.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.	ł		
(Election required - see instructions) d Applied to 2016 distributable amount				1,116,821.
e Remaining amount distributed out of corpus	0.			1,110,041.
•	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
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 2015. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				4,906,420.
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.			
3 Excess distributions carryover from 2011	İ			
not applied on line 5 or line 7	0.			
Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9:	1		j	
a Excess from 2012			į	
b Excess from 2013	Ì			
c Excess from 2014	ŀ			
d Excess from 2015				
e Excess from 2016				

Illinois Children's Healthcare 03-0503425 Page 10 Form 990-PF (2016) Foundation 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 2016, enter the date of the ruling 4942(j)(5) 4942(i)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (c) 2014 (a) 2016 (b) 2015 (d) 2013 (e) Total 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 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.) 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

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 18

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:

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3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, 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	**	
a Paid during the year				
		.		
Adams County Health Department	None	GOV	Expanding Oral Health	
330 Vermont St			Home to Rural	
Quincy, IL 62301			Residents	200,00
Albany Park Neighbors	None	PC	Safe Schools	
4825 N Christiana Ave			Consortium	
Chicago, IL 60625				50,000
Casa Kane Co	None	PC	CASA Kane County 2016	
100 S Third St, Ste 460			Annual Fall Conference	40.00
Geneva, IL 60134				10,00
Centerstone of Illinois Inc	None	PC	Community School Project	
902 W Main Street W Frankfort IL 62896			Froject	87,15
# Plankfore, III 02070				
Central Illinois Foodbank	None	PC	Giving Tuesday	
1937 E Cook St			Matching Grant	
Springfield IL 62791		1		20 89
	ontinuation shee	<u>t(s).</u>	3a	5,247,16
b Approved for future payment				
Adams County Health Department	None	GOV	Expanding Oral Health	
330 Vermont St			Home to Rural	
Quincy IL 62301			Residents	100,00
Ann & Robert H Lurie Childrens	None	₽C	The Juvenile Justice	
Hospital of Chicago	None	Į.	Collaborative	
225 E Chicago Ave Pr Dept Box 269			Convened by	
Chicago IL 60611			Strengthening	
- ,			Chicago's Youth	233,72
Austin Childcare Providers Network	None	РC	Developmental	
5701 W Division St			Screening	
Chicago, IL 60651		1 (-)		100,00
Total See co	ontinuation shee	2C(S)	> 3b	4 640 779 m 990-PF (201

** See Purpose of Grant continuations

Foundation

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513 or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code		15005		
a	1	····	+		
С	 		+-+		
			+ +		
			++		
1			++		
	 		+		
Manakanakan dan ang dan ang ang ang	-		+		
Interest on savings and temporary cash	 		++		
			14	60.	
investments	1 1		14	3,225,198.	
• • • • • • • • •	 		1	<u> </u>	
Net rental income or (loss) from real estate:			+		
a Debt-financed property			 		
b Not debt-financed property			+-+		
Net rental income or (loss) from personal			1 1		
property	 		1 1 1	270	·
Other investment income	 		14	378.	
Gain or (loss) from sales of assets other				11 006 605	
than inventory	—		18	11,086,695.	-
Net income or (loss) from special events			++	- 	······································
Gross profit or (loss) from sales of inventory			+		
Other revenue:))		
â					
b			+		
C					
d					
de					
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0		14,312,331.	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities to Explain below how each activity for which incort the foundation's exempt purposes (other than the columns in the columns in the columns in the columns in the columns.	o the Acco	omplishment of E	xempt	Purposes	14,312,33
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) ART XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the No. Explain below how each activity for which incorring the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incorring the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incorring the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incorring the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities to Explain below how each activity for which incort the foundation's exempt purposes (other than the columns in the columns in the columns in the columns in the columns.	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incorring the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incort the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the No. Explain below how each activity for which incorring the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incort the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incort the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to Explain below how each activity for which incort the foundation's exempt purposes (other than the	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations.) The No. Explain below how each activity for which incort the foundation's exempt purposes (other than the subtractions in the subtraction of the su	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations.) The No. Explain below how each activity for which incort the foundation's exempt purposes (other than the subtractions in the subtraction of the su	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations.) The No. Explain below how each activity for which incort the foundation's exempt purposes (other than the subtractions in the subtraction of the su	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Every worksheet in line 13 instructions to verify calculations.) The No. Explain below how each activity for which incort the foundation's exempt purposes (other than the subtractions and the subtractions are subtracted.	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations.) The No. Explain below how each activity for which incort the foundation's exempt purposes (other than the subtractions in the subtraction of the su	o the Acco	omplishment of E	xempt	Purposes	14,312,33
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the line No. Explain below how each activity for which incorting the foundation's exempt purposes (other than the line No.)	o the Acco	omplishment of E	xempt	Purposes	14,312,33

2a Is the foundation directly or indirectly affiliated with, or related to, in section 501(c) of the Code (other than section 501(c)(3)) or in	, -		Yes X
b If "Yes," complete the following schedule.	Julion 027		700
(a) Name of organization	(b) Type of organization	(c) Description of relatio	nship
N/A			
Sign Here Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct and complete. Declaration of preparer (other here.)	r than taxpayer) is based on all information of w	hich preparer has any knowledge Prest Lent	May the IRS discuss this return with the preparer shown below (see inst)? X Yes

Preparer's signature

Firm's name ▶ Varey & Vaccariello CPAs PC

Elgin, IL 60123

Firm's address ▶ 2205 Point Boulevard, Suite 210

Phone no. 847-228-6977

Form 990-PF (2016)

P00357347

PTIN

Firm's EIN ► 36-3994838

Check If

self-employed

Paid

Preparer

Use Only

Date

Print/Type preparer's name

Elizabeth A.

Vaccariello

3 Grants and Contributions Paid During the	ear (Continuation)			
Recipient	If recipient is an individual, 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	Contraction.	
Chestnut Health Systems Inc	None	PC	Expanding Access to	
1003 Martin Luther King Dr			Integrated Care for At	
Bloomington, IL 61701			Risk Children & Youth	
		ļ	in Southwestern	
			Illinois	299 940
Christian Social Service of Illinois	None	PC	MST - Redeploy	
8601 West Main St Suite 201				
Belleville, IL 62223		<u> </u>		82,650
Community Health Partnership of	None	₽C	Healthy Smiles for	
Illinois			All! Sonrisas Sanas	
205 West Randolph, Suite 2222			para Todos!	
Chicago, IL 60606				350_000
			j	
Crusader Community Health Foundation	None	PC	Crusader Pediatric	
1200 W State St			Dental Expansion Grant	
Rockford IL 61102				100,000
Eastern Illinois Foodbank	None	PC	Giving Tuesday	
2405 N Shore Dr			Matching Grant	
Urbana, IL 61802				25,000
Erie Family Health Center Inc	None	₽C	Westside H3:	
1701 West Superior Street			Developing a Seamless	
Chicago, IL 60622			Approach to Behavioral	
			Health Screening and	
			Treatment for Children	363,333
Erie Family Health Center Inc	None	PC	Shriver Center CMHI	
1701 West Superior Street			Proposal with Partners	
Chicago IL 60622	-			5 000
Family Service Association of Greater	None	PC	School-Based Mental	
Elgin Area			Health Project	
1140 N McLean Blvd, Ste 1				
Elgin IL 60123				300,000
Forefront	None	PC	General Operating	
208 S LaSalle Street, Suite 1540				
Chicago IL 60604				12,860
Grantmakers for Effective	None	PC	Learning Conference	
Organizations			2017 Sponsorship	
1725 Desales Street, Nw. Ste 404			-	
Washington DC 20036				5,000
Total from continuation sheets		_		4,879,123

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	
Grantmakers In Health	None	PC	General Operating	
1100 Connecticut Ave, NW Suite 1200				0.050
Washington, DC 20036		ļ		8,050
Greater Chicago Food Depository	None	PC	ILCHF Giving Tuesday	
4100 W Ann Lurie Pl			Matching Grant	
Chicago IL 60632		<u> </u>		25,000
Greater Elgin Family Care Center	None	PC PC	Expansion of both	
370 Summit St	- CALC		School-Based Health	
Elgin IL 60120			Care and a Dental Home	200,000
Greater Illinois Pediatric Palliative	None	PC	Greater Illinois	
Care Coalition			Pediatric Palliative	
833 W Chicago Ave Ste 300		}	and Hospice Care	
Chicago IL 60642	ļ	 	Expansion Project	60,628
		Ì	1	
Health and Medicine Policy Research	None	PC	Addressing the Impact	
Group			of ACE's on Community	
29 E Madison St Ste 602		Ì	Health	100 000
Chicago, IL 60602 Howard Brown Health Center	None	PC	Integrative Mental	100,000
4025 N Sheridan Rd	Hotte		Health Care for	
Chicago, IL 60613			Lesbian, Gay,	
]		Bisexual, Transgender	
			and Queer youth	297,812
Tilleria Callera of Ontoroton	Y		mbo Tilipais Rus	
Illinois College of Optometry 3241 South Michigan Avenue	None	PC	The Illinois Eye Institute (IEI) at	
Chicago IL 60616			Princeton Elementary	302,000
enitedgo. In touto				
Illinois State University	None	GOV	Shriver Center CMHI	
Campus Box 4625		1	Proposal with Partners	
Normal IL 61790	 	 		5,000
Jane Addams Community Mental Health	None	PC PC	Shared Care	
Center				
1045 W Stephenson St				
Freeport, IL 61032		 	<u></u>	100,000
Macon County Health Department	None	GOV	Increasing Access to	
1221 E Condit St			Hospital Dentistry	
Decatur, IL 62521			Services for Children	
		1	with Special Needs and from Under Served	107 531
Total from continuation sheets		-L	Trom officer Serven	127,531

3 Grants and Contributions Paid During the	If recipient is an individual,	T		
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
realine and address (notice of business)	or substantial contributor	recipient		
Memorial Health System	None	PC	CHMI Advocacy Planning	
710 North 8th Street			Project	5 00
Springfield IL 62702	+	 	 	5,000
Mental Health Leadership Initiative	None	PC	Young Minds: Building	
Inc			Resilience and Well	
14 Central Ave			Being for the Next	
Island Reights NJ 08732			Generation	10,000
Metropolitan Family Services	None	PC	Healthy Minds, Healthy	
One North Dearborn			Children, Healthy	
Chicago IL 60602		ļ	Chicago (H3)	426_150
Metropolitan Family Services	None	PC	Shriver Center CHMI	
One North Dearborn			Proposal with Partners	
Chicago IL 60602	<u> </u>			5.000
NAMI of Greater Chicago	None	PC	Ending the Silence	
1536 W Chicago Ave	None		Ending the Silence	
Chicago IL 60642]	31,269
enzeago, 12 ooosa				
Northern Illinois Food Bank	None	₽C	ILCHF Giving Tuesday	
273 Dearborn Court		1	Matching Grant	
Geneva, IL 60134				25_000
Oak Park and River Forest Infant	None	PC	CHMI Advocacy Planning	
Welfare Society	, one		Project - Shriver	
320 Lake Street			Center	
Oak Park IL 60302				5,000
Oak Park and River Forest Infant	None	PC PC	Expansion of Oral	
Welfare Society			Health Care for High	
320 Lake Street			Need Children	
Oak Park IL 60302		 		151_477
Peoria Citizens Committee for	None	PC	ILCHF Giving Tuesday	
Economic Opportunity Inc			Matching Grant	
711 W McBean St				
Peoria IL 61605		L		9,222
				_
Pike County Health Department	None	GOV	Pike County Dental	
606 W Adams St			Clinic	
Pittsfield IL 62363	1	<u> </u>		100 000

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient None PС Food As Medicine Promise Healthcare NFP 819 Bloomington Road Champaign, IL 61820 98,730. GOV Quincy Public Schools, District 172 None Adams County Children's Mental 1416 Maine Street Quincy, IL 62301 Health Partnership-Phase 2 154,821. PС LLCHF Giving Tuesday River Bend Food Reservoir None 4040 Kimmel Drive Matching Grant Davenport IA 52802 12,450, Rural Health Inc PC Capacity Building -None 513 N Main St Establishing/Expanding Anna IL 62906 Access to Oral Health 350,000, PC Sarah Bush Lincoln Health Center None SBL Dental Services 1000 Health Center Dr Mattoon Fixed-Site Mattoon, IL 61938 Expansion 132,890. Shawnee Health Service and None ₽C Shawnee Oral Health Service Expansion Development Corp 109 California St Program Carterville, IL 62918 200,000, Sinai Health System None PC Statewide Oral Health California Ave at 15th Street Inventory/Assessment/E Scan of Illinois 20 000. Chicago IL 60608 Sinnissippi Centers Inc None ÞС 2016 CHMI Advocacy 325 Illinois Route 2 Planning Project Dixon, IL 61021 5,000. Southern Illinois Healthcare None ÞС Collinsville Oral Foundation Inc Health Services 2041 Goose Lake Road 200,000. Sauget IL 62206 St Louis Area Food Bank Inc None РC ILCHF Giving Tuesday 70 Corporate Woods Drive Matching Grant 7,110, St Louis MO 63044 Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient Transitions of Western Illinois Inc None ÞC CHMI Advocacy Planning PO Box 3646 Project - Shriver 5,000. Quincy IL 62305 Center Tri-State Food Bank Inc Giving Tuesday ₽C None 801 E Michigan St Matching Grant 5,200, Evansville, IN 47711 Warren County Health Department GOV Healthy Smiles in None 240 S Main St Warren County-Warren Monmouth, IL 61462 County Dental Clinic 150,000. Total from continuation sheets

3 Grants and Contributions Approved for Fi	ture Payment (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	
Cass County Health Department	None	gov	Cass County Mental	
331 S Main			Health Collaboration	
Virginia, IL 62691				417,800
Central Illinois Foodbank	None	₽C	ILCHF Giving Tuesday	
1937 E Cook St			Matching Grant	
Springfield, IL 62791				16,180
Chestnut Health Systems Inc	None	₽C	Expanding Access to	
1003 Martin Luther King Dr			Integrated Care for At	
Bloomington, IL 61701			Risk Children & Youth	
			in Southwestern	
			Illinois	206 782
Galas County Named Washin	None	PC	TCARR (Innovation	
Coles County Mental Health	None	PC	ICARE (Innovative,	
Association Inc		1	Coordinated, Accessible, Research	
750 Broadway Avenue East Mattoon, IL 61938			Based Efficient) Kids	421,19
MACCOON, IL 81938			Based, Efficiency Rids	421,13
Community Health Partnership of	None	PC	Healthy Smiles for	
Illinois			All! Sonrisas Sanas	
205 West Randolph, Suite 2222			para Todos!	
Chicago, IL 60606				50,000
Community Nurse Health Association	None	PC	Community Nurse Mental	
23 Calendar Ave			Health Access for	
La Grange, IL 60525			Children and New	
		1	Mothers	120,500
			TI CIVE Circias Musedan	
Eastern Illinois Foodbank 2405 N Shore Dr	None	PC	TLCHF Giving Tuesday Matching Grant	
Urbana IL 61802			Ratening Grane	25,00
Enlace Chicago	None	PC	School Based Mentor	
2756 S Harding Ave			(SBM)	
Chicago IL 60623				120,00
Erie Family Health Center Inc	None	₽C	2016 CHMI Advocacy	
1701 West Superior Street			Planning Project -	
Chicago, IL 60622		<u> </u>	Shriver Center	5,000
Family Counseling Center Inc	None	PC	Southern Illinois	
PO Box 759			Children's Integrated	
Golconda IL 62938			Health Program	100,000
Total from continuation sheets				4 207 048

3 Grants and Contributions Approved for Fut		<u> </u>		
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
Haine and address (none or business)	or substantial contributor	recipient		
Family Service Association of Greater	None	PC	School-Based Mental	
Elgin Area			Health Project	
1140 N McLean Blvd, Ste 1 Elgin, IL 60123				300_00
51g1n, 1b 00123				
Greater Chicago Food Depository	None	₽C	ILCHF Giving Tuesday	
4100 W Ann Lurie Pl	Kotte	[Matching Grant	
Chicago IL 60632			natening Grane	25.00
Intego, 11 60632				
Greater Elgin Family Care Center	None	₽C	Expansion of both	
370 Summit St			School-Based Health	
Elgin, IL 60120			Care and a Dental Home	200,00
Howard Brown Health Center	None	PC	Integrative Mental	
4025 N Sheridan Rd			Health Care for	
Chicago, IL 60613			Lesbian, Gay,	
- ,			Bisexual, Transgender	
			and Queer youth	271,31
Inter-City Muslim Action Network	None	PC	Pediatric Behavioral	
2744 W 63rd St			Health	
Chicago, IL 60629				180,00
Lake County Health Department and	None	GOV	Mental Health First	
Community Health Center			Aid Training	
3010 Grand Ave				
Waukegan IL 60085				84,50
Lake County Health Department and	None	GOV	New Community Health	
Community Health Center			Center Facility in	
3010 Grand Ave			Zion	
Waukegan, IL 60085				271.00
Lawndale Christian Health Center	None	PC	Dental Expansion at	
3860 West Ogden Avenue			Homan Square	
Chicago, IL 60623				400,00
Memorial Health System	None	₽C	2016 CHMI Advocacy	
710 North 8th Street			Planning Project -	
Springfield, IL 62702			Shriver Center	5_00
Metropolitan Family Services	None	PC	2016 CHMI Advocacy	
One North Dearborn			Planning Project -	
Chicago IL 60602 Total from continuation sheets	1	<u> </u>	Shriver Center	5,00

Part XV Supplementary Information 3 Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor NAMI of Greater Chicago None РC Ending the Silence 1536 W Chicago Ave 31,930. Chicago IL 60642 Northern Illinois Food Bank ₽C LLCHF Giving Tuesday None 273 Dearborn Court Matching Grant 25,000, Geneva, IL 60134 Oak Park and River Forest Infant None ÞС Expansion of Oral Health Care for High Welfare Society 320 Lake Street Need Children Oak Park IL 60302 110,798. Oak Park and River Forest Infant None ₽C 2016 CHMI Advocacy Welfare Society Planning Project -Shriver Center 320 Lake Street 5,000. Oak Park, IL 60302 PC LLCHF Giving Tuesday Peoria Citizens Committee for None Economic Opportunity Inc Matching Grant 711 W McBean St 17,550, Peoria IL 61605 River Bend Food Reservoir None ÞС ILCHF Giving Tuesday 4040 Kimmel Drive Matching Grant Davenport IA 52802 14,500. Capacity Building -Rural Health Inc РC None Establishing/Expanding 513 N Main St 50,000, Anna IL 62906 Access to Oral Health Sargent Shriver National Center on None PC CHMI Advocacy Project Poverty Law 50 E Washington St Suite 500 Chicago IL 60602 80,000. Shawnee Health Service and None ÞС Shawnee Oral Health Development Corp Service Expansion 109 California St Program 125,672, Carterville IL 62918 Sinai Health System None PC Creating a California Ave at 15th Street Comprehensive System of Care in Southwest Chicago, IL 60608 Chicago 251 321, Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Approved for Fut		1		
Recipient	If recipient is an individual,		Durnaga of grant or	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Maine and address (notice of business)	or substantial contributor	recipient		
Sinnissippi Centers Inc	None	₽C	2016 CHMI Advocacy	
325 Illinois Route 2			Planning Project -	
Dixon, IL 61021		:	Shriver Center	5,000
Southern Illinois Healthcare	None	₽C	Collinsville Oral	
Foundation Inc			Health Services	
2041 Goose Lake Rd				
Sauget, IL 62206				150,000
St Louis Area Food Bank Inc	None	₽C	ILCHF Giving Tuesday	
70 Corporate Woods Drive			Matching Grant	
St Louis, MO 63044				10,800
Teen Parent Connection Inc	None	₽C	Adolescent Family	
475 Taft Ave			Strengthening - Mental	
Glen Ellyn, IL 60137			Health Expansion	
			Project	55 000
Transitions of Western Illinois Inc	None	PC	2016 CHMI Advocacy	
PO Box 3646			Planning Project -	
Quincy IL 62305			Shriver Center	5,000
mul Ohana Maril Dank Tan				
Tri-State Food Bank Inc 801 E Michigan St	None	PC	TLCHF Giving Tuesday Matching Grant	
Evansville, IN 47711			matching Grant	10,200
Voices for Illinois Children Inc	None	PC PC	Mental Health	
208 S LaSalle Street, Suite 1490			Consultation (MHC)	
Chicago, IL 60604			Initiative	35,000
Total from continuation sheets		<u> </u>		

Illinois Children's Healthcare

Foundation	_03-0503425
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
Name of Recipient - Erie Family Health Center Inc	
Westside H3: Developing a Seamless Approach to Behavior	al Health
Screening and Treatment for Children on Chicago's Wests	iđe
Name of Recipient - Howard Brown Health Center	
Integrative Mental Health Care for Lesbian, Gay, Bisexu	al, Transgender
and Queer youth (TGBTQ) with Trauma Needs	-
Name of Recipient - Macon County Health Department	
Increasing Access to Hospital Dentistry Services for Ch	ildren with
Special Needs and from Under-Served Populations	
	"

Illinois Children's Healthcare Foundation

	Foundation	03-0503425
Part XV	Supplementary Information	
3b Grants	and Contributions Approved for Future Payment Continuation of Purpose of Grant or C	Contribution
Name of	Recipient - Howard Brown Health Center	
Integra	tive Mental Health Care for Lesbian, Gay, Bis	exual, Transgender
and Que	eer youth (TGBTQ) with Trauma Needs	
		,
•		

Form 990-PF Intere	st on Saving	s and T	'empor	ary (Cash	Inv	estments	Stat	ement	1
Source 			(a) venue Book		(b) Net Investment Income			(c) Adjusted Net Income		
			ı	60.			60.			
Total to Part I, li	ne 3		1	60.			60.			
Form 990-PF	Dividends	and Int	erest	from	n Sec	uri	ties	State	ement	2
Source	Gross Amount	Capit Gain Divide	s	Rev	(a) venue Book		(b) Net Inves ment Inco		(c) Adjuste et Ince	
Northern Trust - Dividends Northern Trust - Interest	32,498.		0.		32, 4 9 24		32,49			
Vanguard - Capital Gain Dividends Vanguard - Dividends	79,807. 3,192,456.	79,	807.	3.10		0. 6.	3,192,45	0. 6.		
To Part I, line 4	3,305,005.	79,					3,225,19			
Form 990-PF		Other	Inco	me				Stat	ement	3
Description			Re	(a) venue Bool			(b) t Invest- nt Income		(c) djusteo t Incom	
Class Action Income					378.		378	•		
Total to Form 990-P	F, Part I, 1	ine 11			378.		378	•		

				
Form 990-PF	Legal	Fees	S	tatement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - Quarles & Brady LLP	30,765.	0.		28,991.
To Fm 990-PF, Pg 1, ln 16a	30,765.	0.		28,991.
Form 990-PF	Accounti	ng Fees	S	tatement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting fees - Varey & Vaccariello CPAs PC Audit fees - Crowe Horwath LLP	37,412. 14,950.	37,412. 3,738.		0.
To Form 990-PF, Pg 1, ln 16b	52,362.	41,150.		11,212.
Form 990-PF (74h P			
FORM 99U-PF	Other Profes	sional rees		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 -	10,721. 10,330.	72.		10,649. 10,330.
Vanguard Northern Trust custody fee Northern Trust investment	53,931. 1,689.	-		0. 0.
fee Program consultation & evaluation - NTI	16,855.	16,855.		0.
Upstream/Children Research Strategic planning - Susan	78,084.	0.		94,056.
Meier Program consultation & evaluation - Dr. Bennett	0.	0.		1,949.
Leventhal Program consultation &	31,086.	0.		41,086.
evaluation - Kara Thompson	31,265.	0.		31,265.

31 Statement(s) 4, 5, 6 2016.03010 Illinois Children's Healthc ILCHFDN2

Illinois Children's Healtho	are Foundat	io		03-0503425
Program consultation & evaluation - UC Regents Program consultation &	140,000.	0.		140,000.
evaluation - Matthew Thullen Program consultation &	404.	0.		404.
evaluation - Amy Starin PhD LCSW Benefit consultation -	11,344.	0.		11,344.
Quatt Associates	18,221.	0.		18,221.
To Form 990-PF, Pg 1, ln 16c	403,930.	72,547.		359,304.
Form 990-PF	Tax	es	S	tatement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Section 4940 excise tax	141,080.	0.		0.
Foreign tax withheld on dividends	83,308.	83,308.		0.
To Form 990-PF, Pg 1, ln 18	224,388.	83,308.		0.
Form 990-PF	Other E	xpenses	St	tatement 8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Equipment rental and maintenance Supplies Postage, shipping and delivery Insurance Software maintenance Membership dues Miscellaneous Licenses and fees Bank charges	12,715. 9,899. 9,492. 7,333. 23,616. 2,335. 226. 25.	0. 0. 74. 0. 0. 0. 200.		12,715. 9,899. 9,492. 7,259. 23,616. 2,335. 226. 25. 0.
Website To Form 990-PF, Pg 1, ln 23	5,372.	274.		70,939.
, 5 . ,				

					
Form 990-PF Other Decreases in N	let Asse	ts or F	und Balances	Statement	9
Description				Amount	
Unrealized loss on investments carr	ried at	market v	value	4,602,3	02.
Total to Form 990-PF, Part III, lin	e 5			4,602,3	02.
Form 990-PF U.S. and State/C	ity Gov	ernment	Obligations	Statement	10
Description	U.S. Gov't	Other Gov't	Book Value	Fair Marke Value	t
Vanguard Total Bond Market Index Fd	1 x		8,208,600.	8,208,6	00.
Total U.S. Government Obligations		_	8,208,600.	8,208,6	00.
Total State and Municipal Governmen	t Oblig	ations			
Total to Form 990-PF, Part II, line	10a	=	8,208,600.	8,208,6	00.
Form 990-PF Cor	porate	Stock		Statement	11
Description			Book Value	Fair Marke Value	t
Vanguard Total Stk Mkt Indx Fd Vanguard Short-Term Investment Grad Vanguard Inter-Term Investment Grad Vanguard Total International Stock	le Fund	_	60,749,560. 7,284,813. 7,190,370. 39,694,282.	60,749,5 7,284,8 7,190,3 39,694,2	13. 70.
Total to Form 990-PF, Part II, line	10b	=	114,919,025.	114,919,0	25.
Form 990-PF Cor	porate 1	Bonds		Statement	12
Description			Book Value	Fair Marke Value	t
Vanguard International Bond Index F	ď	-	7,279,886.	7,279,8	86.
Total to Form 990-PF, Part II, line	10c	-	7,279,886.	7,279,8	86.
		=			==

Form 990-PF Depreciation of As	sets Not Held for	Investment	Statement 13
	Cost or	Accumulated	
Description	Other Basis	Depreciation	Book Value
HP LaserJet 2300N Printer	1,207.	1,207.	0.
Office Furniture	12,226.	12,226.	0.
GIFTS Grants Management	·	·	
Software	17,249.	17,249.	0.
Quickbooks for Nonprofits	·	·	
Software	497.	497.	0.
Dell 2200 MP LCD Projector	1,293.	1,293.	0.
Office Furniture	4,924.	4,924.	0.
GIFTS Grants Application	·	·	
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.	ŏ.
Smart Buy DL 360 - Two	4,524.	4,524.	ŏ.
146GB 10K RPM Hard Drives -	4,024.	1,321.	•
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	2,700.	2,793.	0.
	2,700.	2,700.	0.
Smart Buy DC5800 SFF E8400 -	1 450	1 450	^
Two	1,450.	1,450.	0.
Netshelter SX 24U Deep	1 005	1 005	•
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			_
Equip	3,887.	3,887.	0.
EXP Backup Exec SBS Prem Ed			
12.5 Win	689.	689.	0.
OLP Win Small Bus Svr Prem			
2008	1,579.	1,579.	0.
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.	1,503.	0.
Office Furniture - Three Media	_,	_,	
Towers	2,137.	2,137.	0.
Office Furniture - 4 Cabinets	2,20,0	~, + J / •	٠.
with Custom Top	2,002.	2,002.	0.
Office Furniture	12,385.	11,500.	885.
Office Furniture - Cabinets	12,303.	11,500.	003.
	1 674	1 405	170
with Glass Doors	1,674.	1,495.	179.
EX7200 Multimedia Projector	757.	757.	0.

Illinois Children's Healthcare Foun	datio		03-0503425
HP EliteBook 8570p - Two	2,598.	2,035.	563.
HP Compaq Elite 8300 - Two	1,598.	1,252.	346.
Microsoft Office PRO Plus 2013			
- Four	1,956.	1,956.	0.
Microsoft Surface	1,301.	715.	586.
Office Furniture - 3 Chairs	1,200.	400.	800.
Office Furniture - Desk and			
Credenzia	1,858.	619.	1,239.
HP EliteBook 840 G2 Windows 7	963.	289.	674.
HP EliteBook 840 G2 Windows 7	962.	273.	689.
HP ProLiant DL360 3		447.	3,384.
MS Windows 2012 R22 Software	1,630.	317.	1,313.
HP EliteBook 840 G3 14" - Two	2,304.	0.	2,304.
Office Furniture	1,731.	0.	1,731.
Total To Fm 990-PF, Part II, ln 14	120,646.	105,953.	14,693.
Form 990-PF Other	Liabilities		Statement 14
Description		BOY Amount	EOY Amount
Section 4940 Excise Tax Payable	57,426.	70,080.	
Total to Form 990-PF, Part II, line 2	57,426.	70,080.	

	of Officers, Di Foundation Manag		State	ement 15
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense
Michael Parker ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Chair/Director 5.00		0.	0.
Ruth B. Rosenthal, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Vice Chair/Dire	ector 0.	0.	0.
Philip S. Cali ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Treasurer/Direc	ctor 0.	0.	0.
Floyd D. Perkins ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Secretary/Direction 5.00	otor 0.	0.	0.
Heather Higgins Alderman ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	President 40.00	205,000.	20,893.	0.
Charles E. Box 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.
J. Kevin Dorsey, MD PhD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523		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.
Terry F. Hatch, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.

Illinois Children's Healthcare F	oundatio		03-0503	425
John Jasinski 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.
Jennifer Cartland, PhD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Nicholas Panomitros, DDS 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	205,000.	20,893.	0.
Form 990-PF Summary of Dire	ct Charitable	Activities	Statement	16

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

Illinois Children's Healthcare Foundatio

03-0503425

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 select as focus areas in the future.

The Foundation has no direct charitable activities.

Expenses 0.

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

Form 990-PF Cash Deemed Charitable Explanation Statement Statement 17 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 18
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 Name of Grant Program

(630) 571-2555 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) a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Code. Your proposed activities must serve Illinois children.

2016 DEPRECIATION AND AMORTIZATION REPORT

Form 5	Form 990-PF Page 1	-		ľ	[990-PF							,
Asset No	Description	Date Acquired	Method	Life	Nor>	Unadjusted Cost Or Basis	Bus 8	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	HP LaserJet 2300N Printer	03/29/04	SI	5,00	16	1,207.			<u>. </u>	1,207.	1,207.		0	1,207.
	Office Furniture	03/29/04	SL	7.00	16	12,226.			5.3.	12,226.	12,226.		.0	12,226.
10		04/20/04	SL	3.00	16	17,249.				17,249.	17,249.		0	17,249.
11	Quickbooks for Nomprofits Software	03/31/04	ar,	3.00	16	497.				497.	497.			497.
13	Dell 2200 MP LCD Projector	01/06/05	SI	5.00	16	1,293.				1,293.	1,293.		.0	1,293.
15	Office Furniture	08/31/05	SL	7.00	91	4,924.				4,924.	4,924.		.0	4,924.
17		09/15/05	SL	3.00	16	6,381.	-			6,381.	6,381.		o	6,381.
19	Folycom Sounderacions	01/13/06	31.	5.00	16	625.		•		625.	625,		ó	625.
20	O Gifts Plus Pack Software	12/27/06	SL	3.00	91	945.				945.	945.		ö	945.
21	Desktop Computer	12/03/07	SL	5.00	16	921.				921.	921.			921.
22	22 Office Furniture	12/21/07	TS.	7.00	16	1,369.				1,369.	1,369.	. <u></u>	0	1,369.
23	Smart Buy DL 360 - Two	04/18/09	JS.	5.00	16	4,524.				4,524.	4,524.		ö	4,524.
24		04/18/09	SL	5.00	16	1,890.				1,890.	1,890.		•	1,890.
25		04/18/09	SL	5.00	16	384.		··· —		384.	384.			384.
26	400/800GB LT03 960 Tap Drive	04/18/09	SL	5.00	16	2,795.				2,795.	2,795.		o	2,795.
27		04/18/09	31.	5.00	16	2,700.			•	2,700.	2,700.		.0	2,700.
28		04/18/09	SL	5.00	9 7	1,450.			-	1,450.	1,450.	·	0	1,450.
29	Netshelter SX 24U Deep	04/18/09 SL	SI	5.00	16	1,025.			, i	1,025.	1,025.		0	1,025.
628111 04-01-18	04-01-16				Ú	(D) - Asset disposed	pesc		•	TC, Salvage, I	3onus, Comm	ercial Revital	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone

2016 DEPRECIATION AND AMORTIZATION REPORT

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Form 9	Form 990-PF Page 1					6	990-PF							`
Assel	Description	Date Acquired	Method	Life	Ooc>	Unadjusted Cost Or Basis	Bus Section 179 % Expense Excl		Reduction In Basis D	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	30 APC Smart-UPS 1500VA	04/18/09	SL	5.00	16	635.		· · · · · · · · · · · · · · · · · · ·		635.	635.		·	635.
31	1 Laserjet P4014N MONO LASER	04/18/09	SL	5.00	16	815.				815.	815.		ó	815.
32	2 Catalyst 2960 20Port Gigabit 04/18/09	04/18/09	SL	5,00	9 7	1,900.				1,900.	1,900.			1,900.
33		04/18/09	SL	5.00	9 T	3,887.				3,887.	3,887.		ò	3,887.
34		04/18/09	SĽ	3.00	16	689.				689	689.		ö	689.
35		04/18/09	15	3.00	91	1,579.	-			1,579.	1,579.			1,579.
36	OLP Win Small Bus Svr Prem cal Ste 2008	04/18/09	SL	3.00	16	786.	_			786.	786.		ó	786.
37	7 OLP Win Svr Std 2008 Sngl NL 04/18/09	04/18/09	SL	3.00	16	.069				690.	.069		.0	690.
38	38 Ayaya Phone System	60/60/10	SL	5.00	16	4,870.		_		4,870.	4,870.		o	4,870.
39	Office Furniture Chairs	09/02/03	75	7.00	16	1,503.				1,503.	1,362.		141.	1,503.
40		09/02/03	SL	7.00	91.	2,137.				2,137.	1,932.		205.	2,137.
41	Office Furniture - 4 Cabinets with Custom Top	60/60/60	75	7.00	16	2,002.				2,002.	1,811.		191,	2,002.
		01/19/10	SI	7.00	16	12,385.				12,385.	9,731.		1,769.	11,500.
43	Office Furniture - Cabinets with Glass Doors	10/01/10	SF	7.00	16	1,674.				1,674.	1,255.		240.	1,495.
4	44 EX7200 Multimedia Projector	02/22/11	SL	5.00	J 6	757.				757.	745.		12.	757.
	45 HP EliteBook 8570p - Two	02/01/13	78	5.00	16	2,598.				2,598.	1,516.		519.	2,035.
4	46 HP Compaq Elite 8300 - Two	02/01/13	SL	5,00	7.6	1,598.				1,598.	933.		319.	1,252.
4,	Microsoft Office PRO Plus 47 2013 - Four	02/01/13 SL	SL	3.00	16	1,956.				1,956.	1,902.		54.	1,956.
628111	628111 04-01-16					(D) - Asset disposed	pes			C, Salvage,	Bonus, Comn	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

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2016 DEPRECIATION AND AMORTIZATION REPORT

Form 9	Form 990-PF Page 1		ľ	Ì	-		990-PF	:							
Asset No	Description	Date Acquired	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	•
48	Microsoft Surface	04/01/14	ıs	5.00	16	1,301.				1,301.	455.		260.	715.	
49	49 Office Purniture - 3 Chairs	09/01/14	3r	7.00	91:	1,200.				1,200.	229.		171.	400.	
20		09/01/14	ıs	7.00	16	1,858.				1,858.	353.		266.	619.	
51		07/01/15	32	5.00	16	963.				963,	96		193.	289.	
52	nr Eilcebook 840 GZ Wingows	08/01/15	SL	5.00	16	962.				962.	80.		193.	273.	
53	HP ProLiant DL360	91/10/90	18	5.00	16	3,831.				3,831.			447.	447.	
υ 4	MS Windows 2012 R22 Soft	06/01/16	SL	3,00	16	1,630.		_		1,630.			317.	317.	
55	TWO	01/01/17	SL	5.00	16	2,304.			_	2,304.			.0	•	
99	56 Office Furniture	01/01/17 SL	SL	7.00	Те	1,731.				1,731.					
	* Total 990-PF Pg 1 Depr					120,646.			· 	120,646.	100,656.		5,297.	105,953.	
<u> </u>									<u>-</u>						
	Current Year Activity														
	Beginning balance					111,150.	_		.0	111,150.	100,656.	,		105,189.	
	Acquisttions					5,461.				5,461.	0.	-		764.	
	Dispositions				-	.0			•	.0	.0			•	
	Ending balance					116,611.			ó	116,611.	100,656.	_		105,953.	
	Ending accum depr					- · · · · ·					105,953.				
	Ending book value									,	10,658.				
628111 04-01-18	24-01-16				=	(D) - Asset disposed	peso		•	ITC, Salvage,	Bonus, Comr	tercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone	