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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 instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

A Employer identification number
36-2167090

Number and street (or P O box number if mail is not delivered to street address)
500 NORTH WESTERN AVENUE NO 204

Room/suite

B Telephone number (see instructions)
(847) 735-1590

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

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 14,834,388

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) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	20,991			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	218,397	218,397		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-19,816			
	b	Gross sales price for all assets on line 6a 2,755,591				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	16,147	14,825		
	12	**Total.** Add lines 1 through 11	235,719	233,222		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	135,000	6,750		121,500
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	6,600	330		5,940
	c	Other professional fees (attach schedule)	57,684	57,684		0
	17	Interest	7,640	0		0
	18	Taxes (attach schedule) (see instructions)	26,085	7,579		10,355
	19	Depreciation (attach schedule) and depletion	220	0		
	20	Occupancy	12,150	608		10,935
	21	Travel, conferences, and meetings	6,623	331		5,961
	22	Printing and publications	343	17		309
	23	Other expenses (attach schedule)	47,384	2,369		42,646
	24	**Total operating and administrative expenses.** Add lines 13 through 23	299,729	75,668		197,646
	25	Contributions, gifts, grants paid	740,000			740,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,039,729	75,668		937,646
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-804,010			
	b	**Net investment income** (if negative, enter -0-)		157,554		
	c	**Adjusted net income** (if negative, enter -0-)				

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	88,611	29,555	29,555
	2 Savings and temporary cash investments		120,697	120,697
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	801,860	996,082	996,082
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	13,333,409	13,098,579	13,098,579
	14 Land, buildings, and equipment basis ▶ 10,368			
	Less accumulated depreciation (attach schedule) ▶ 7,996	425	2,372	2,372
	15 Other assets (describe ▶)	577,947	587,103	587,103
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	14,802,252	14,834,388	14,834,388
Liabilities	17 Accounts payable and accrued expenses	102,807	79,801	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	102,807	79,801	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	14,248,940	14,303,500	
	25 Temporarily restricted	107,197	107,197	
	26 Permanently restricted	343,308	343,890	
	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** (see instructions)	14,699,445	14,754,587	
	31 **Total liabilities and net assets/fund balances** (see instructions)	14,802,252	14,834,388	

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	14,699,445
2	Enter amount from Part I, line 27a	2	-804,010
3	Other increases not included in line 2 (itemize) ▶	3	859,152
4	Add lines 1, 2, and 3	4	14,754,587
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	14,754,587

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	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	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	See Additional Data Table			
b				
c				
d				
e				

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	-19,816
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) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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 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))
2015	1,285,938	14,964,850	0 085931
2014	1,318,146	17,255,208	0 076391
2013	1,165,829	16,427,334	0 070969
2012	1,223,954	15,945,636	0 076758
2011	1,269,710	16,918,039	0 075051

2	**Total** of line 1, column (d)	2	0 385100
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	0 077020
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	14,596,045
5	Multiply line 4 by line 3	5	1,124,187
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,576
7	Add lines 5 and 6	7	1,125,763
8	Enter qualifying distributions from Part XII, line 4	8	937,646

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	3,151
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	3,151
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	3,151
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 8,960		
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	8,960
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ 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	5,809
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 5,809 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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		No
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	Yes	
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	Yes	
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	Yes	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW GRANTHEALTHCARE ORG

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

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16		No

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

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

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)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		
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 2016?	1c		No
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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)	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 ▶ 20____, 20____, 20____, 20____			
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 2016 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 2016).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2016?	4b		No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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

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

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 (see instructions). If none, enter "NONE".

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

Total number of others receiving over $50,000 for professional services. ▶ 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	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
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	14,114,964
b	Average of monthly cash balances	1b	119,432
c	Fair market value of all other assets (see instructions)	1c	583,924
d	**Total** (add lines 1a, b, and c)	1d	14,818,320
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	14,818,320
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	222,275
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	14,596,045
6	**Minimum investment return.** Enter 5% of line 5	6	729,802

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	729,802
2a	Tax on investment income for 2016 from Part VI, line 5	2a	3,151		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	3,151
3	Distributable amount before adjustments Subtract line 2c from line 1			3	726,651
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	726,651
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	726,651

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	937,646
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	937,646
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 (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	937,646

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				726,651
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 434,514				
b From 2012. 434,890				
c From 2013. 362,804				
d From 2014. 476,094				
e From 2015. 555,593				
f Total of lines 3a through e.	2,263,895			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 937,646				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				726,651
e Remaining amount distributed out of corpus	210,995			
5 Excess distributions carryover applied to 2016	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,474,890			
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 instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .	434,514			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,040,376			
10 Analysis of line 9				
a Excess from 2012. . . . 434,890				
b Excess from 2013. . . . 362,804				
c Excess from 2014. . . . 476,094				
d Excess from 2015. . . . 555,593				
e Excess from 2016. . . . 210,995				

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

1a 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. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a 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 organization 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))

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

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

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

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

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

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

GRANT FORM USED

c Any submission deadlines

JULY

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

THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				740,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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					
4 Dividends and interest from securities. . . .			14	218,397	
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	16,147	
8 Gain or (loss) from sales of assets other than inventory			18	-19,816	
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		214,728	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	214,728

(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) (See instructions)

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)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

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

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

******	2017-06-09	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
DENNIS P O'BRIEN				P00008832
Firm's name ▶ PASQUESI SHEPPARD LLC				Firm's EIN ▶36-4049282
Firm's address ▶ 585 BANK LANE LAKE FOREST, IL 60045				Phone no (847) 234-5000

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
DODGE & COX FUNDS INTLSTK FD	P	2015-12-22	2016-04-15
DODGE & COX FUNDS INTLSTK FD	P	2015-01-01	2016-04-15
DODGE & COX FUNDS INTLSTK FD	P	2015-01-01	2016-04-15
HARBOR FD INTL FD	P	2007-02-21	2016-12-09
LEUTHOLD GLOBAL INST	P	2011-02-25	2016-12-09
ECKHARDT	P	2015-01-01	2016-12-31
DRIEHAUS	P	2015-01-01	2016-12-31
BAKER HUGHES	P	2016-06-01	2016-11-15
EXXON MOBIL	P	2015-08-27	2016-06-30
LOREDO PETROLEUM HLDGS	P	2015-09-28	2016-04-29

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
27,850		34,492	-6,642
420,325		520,572	-100,247
776,540		914,275	-137,735
384,976		408,644	-23,668
504,952		554,737	-49,785
53,122			53,122
		21,649	-21,649
12,172		9,338	2,834
16,779		15,891	888
16,875		12,874	4,001

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-6,642
			-100,247
			-137,735
			-23,668
			-49,785
			53,122
			-21,649
			2,834
			888
			4,001

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
PRAIRIESKY ROYALTY	P	2016-06-03	2016-09-09
SOUTHWESTERN ENERGY	P	2015-11-24	2016-04-05
APACHE	P	2012-06-14	2016-09-29
BAKER HUGHES	P	2013-07-01	2016-04-07
BAKER HUGHES	P	2013-07-01	2016-11-08
BAKER HUGHES	P	2013-07-01	2016-11-15
CALIFORNIA RESOURCES	P	2014-05-13	2016-04-04
CHEVRON	P	2015-04-30	2016-11-04
CIMAREX ENERGY	P	2014-10-17	2016-06-09
CIMAREX ENERGY	P	2014-10-17	2016-07-13

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
456		426	30
5,775		6,496	-721
1,976		2,575	-599
8,318		9,398	-1,080
16,399		14,908	1,491
13,389		13,931	-542
31		45	-14
21,024		22,254	-1,230
10,931		9,825	1,106
9,572		8,734	838

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			30
			-721
			-599
			-1,080
			1,491
			-542
			-14
			-1,230
			1,106
			838

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
ENERGEN	P	2013-11-04	2016-12-01
ENERGEN	P	2013-11-04	2016-06-20
EXXON MOBIL	P	2015-06-17	2016-06-30
SOUTHWESTERN ENERGY	P	2014-06-27	2016-04-04
SOUTHWESTERN ENERGY	P	2014-10-17	2016-04-05
APACHE	P	2015-01-01	2016-09-29
CALIFORNIA RESOURCES	P	2009-11-02	2016-04-04
CHEVRON	P	2009-10-20	2016-03-08
CHEVRON	P	2009-10-20	2016-06-14
CHEVRON	P	2009-12-15	2016-11-04

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
6,315		7,702	-1,387
4,811		7,702	-2,891
27,965		25,449	2,516
8,435		45,060	-36,625
3,300		12,888	-9,588
19,758		29,604	-9,846
31		36	-5
11,523		9,992	1,531
8,097		6,155	1,942
9,461		6,971	2,490

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-1,387
			-2,891
			2,516
			-36,625
			-9,588
			-9,846
			-5
			1,531
			1,942
			2,490

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
EOG RESOURCES	P	2010-12-27	2016-05-25
EOG RESOURCES	P	2010-12-27	2016-06-09
EOG RESOURCES	P	2010-12-27	2016-08-31
OCCIDENTAL PETROLEUM	P	2015-01-01	2016-07-06
PIONEER NATURAL RESOURCES	P	2010-03-18	2016-07-13
PIONEER NATURAL RESOURCES	P	2010-03-18	2016-09-08
PIONEER NATURAL RESOURCES	P	2010-03-18	2016-12-01
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
16,580		8,988	7,592
3,392		1,798	1,594
32,115		16,178	15,937
10,549		10,553	-4
6,225		2,107	4,118
7,491		2,107	5,384
3,859		1,053	2,806
274,222			274,222

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			7,592
			1,594
			15,937
			-4
			4,118
			5,384
			2,806
			274,222

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JOSEPH S CARR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIRMAN 1 00	0	0	0
GEORGE M COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1 00	0	0	0
ROBERT L FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1 00	0	0	0
RICHARD M NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1 00	0	0	0
RICHARD M ROSS JR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY/TREASURER 1 00	0	0	0
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	EXECUTIVE DIRECTOR 40 00	135,000	0	0

Form 990PF Part XV Line 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*				
AMERICAN CANCER SOCIETY INC 100 TRI-STATE INTERNATIONAL SUITE 125 LINCOLNSHIRE, IL 60069	NONE	PC	PATIENT NAVIGATION AT COOK COUNTY HEALTH SYSTEM AND HOSPITAL	10,000
BREAKTHROUGH URBAN MINISTRY 402 N ST LOUIS ST CHICAGO, IL 60624	NONE	PC	BEHAVIORAL HEALTH FOR HOMELESS ADULTS	15,000
CANINE THERAPY CORPS 1700 W IRVING PARK RD CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	12,000
CARE FOR FRIENDS ORG 530 W FULLERTON CHICAGO, IL 60614	NONE	PC	GENERAL OPERATING SUPPORT - FOOT AND HEALTH CLINIC	10,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO 721 N LASALLE CHICAGO, IL 60654	NONE	PC	HOSPITAL TRANSITION PROGRAM	25,000
CENTER ON HALSTED 3858 N HALSTED ST CHICAGO, IL 60613	NONE	PC	BEHAVIORAL HEALTH SERVICES	20,000
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVE CHICAGO, IL 60608	NONE	PC	FAMILY HOPE CENTER	20,000
CHICAGO FAMILY HEALTH CENTER 9119 SOUTH EXCHANGE AVE CHICAGO, IL 60617	NONE	PC	GENERAL OPERATING SUPPORT	20,000
COMMUNITY HEALTH 2811 W CHICAGO AVE CHICAGO, IL 60622	NONE	PC	GENERAL OPERATING SUPPORT	20,000
DENTAL LIFELINE NETWORK ILLINOIS PO BOX 211 NORTHBROOK, IL 60085	NONE	PC	CHICAGO DONATED DENTAL SERVICES (DDS) PROGRAM	15,000
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR ST CHICAGO, IL 60622	NONE	PC	PATIENT-CENTERED CARE INEGRATION (PCCI) INITIATIVE	20,000
ESPERANZA HEALTH CENTERS 2001 S CALIFORNIA AVE CHICAGO, IL 60608	NONE	PC	CARE COORDINATION PROGRAM	10,000
FAMILY FOCUS 310 S PEORIA CHICAGO, IL 60607	NONE	PC	TRAUMA-INFORMED THERAPEUTIC SERVICES	20,000
GADS HILL CENTER 1919 W CULLERTON CHICAGO, IL 60608	NONE	PC	HEALTHY MINDS, HEALTHY SCHOOLS	16,000
GOLDIE'S PLACE 5705 N LINCOLN AVE CHICAGO, IL 60659	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total . . . . . ▶ 3a				740,000

Form 990PF Part XV Line 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*				
HOLIDAY HOME CAMP PO BOX 10 WILLIAMS BAY, WI 53191	NONE	PC	HEALTHCARE OPERATIONS, SALARIES AND PROGRAMS	12,000
HOWARD AREA COMMUNITY CENTER 7648 N PAULINA ST CHICAGO, IL 60626	NONE	PC	ELEANOR WESTER DENTAL CLINIC	10,000
ILLINOIS COLLEGE OF OPTOMETRY 3241 S MICHIGAN AVE CHICAGO, IL 60616	NONE	PC	CHICAGO VISION OUTREACH	20,000
INNER CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629	NONE	PC	IMAN HEALTH CLINIC - GENERAL OPERATING SUPPORT	20,000
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623	NONE	PC	GENERAL OPERATING SUPPORT	25,000
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	NONE	PC	WILDLIFE AND HUMAN HEALTH INITIATIVE	40,000
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	GENERAL OPERATING SUPPORT	20,000
METROSQUASH 6100 S COTTAGE GROVE AVE CHICAGO, IL 60637	NONE	PC	HEALTH AND WELLNESS PROGRAM	5,000
MIDWEST ACCESS PROJECT PO BOX 13173 CHICAGO, IL 60613	NONE	PC	GENERAL OPERATING SUPPORT	15,000
OLD IRVING PARK COMMUNITY CLINIC 5425 W ADDISON ST CHICAGO, IL 60641	NONE	PC	GENERAL OPERATING SUPPORT	10,000
PCC COMMUNITY WELLNESS CENTER 14 LAKE ST OAK PARK, IL 60302	NONE	PC	GENERAL OPERATING SUPPORT	20,000
PEER HEALTH EXCHANGE 330 N WABASH CHICAGO, IL 60011	NONE	PC	GENERAL OPERATING SUPPORT	20,000
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE CHICAGO, IL 60603	NONE	PC	GENERAL OPERATING SUPPORT	50,000
PRESENCE SAINT JOSEPH HOSPITAL 2900 N LAKE SHORE DR CHICAGO, IL 60657	NONE	PC	LABOURE CLINIC	10,000
PRIMO CENTER FOR WOMEN AND CHILDREN 4241 W WASHINGTON BLVD CHICAGO, IL 60624	NONE	PC	TRAUMA-INFORMED MENTAL HEALTH SERVICES IN CONGREGATE CARE	25,000
Total . . . . . ▶ 3a				740,000

Form 990PF Part XV Line 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*				
RESPOND NOW PO BOX 215 CHICAGO HEIGHTS, IL 60411	NONE	PC	PRESCRIPTION ASSISTANCE PROGRAM	20,000
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN CHICAGO, IL 60612	NONE	PC	RUSH ADOLESCENT FAMILY CENTER	20,000
SECOND SENSE 65 E WACKER DR CHICAGO, IL 60601	NONE	PC	SUPPORT FOR VISION REHABILITATION TO MOVE BEYOND VISION LOSS	10,000
SISTERHOUSE 851 N LEAMINGTON AVE CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	15,000
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVE CHICAGO, IL 60640	NONE	PC	OUTREACH AND HEALTH MINISTRY	15,000
THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637	NONE	PC	URBAN HEALTHCARE INNOVATION BUILDING BEHAVIORAL HEALTH CAPACITY FOR VUNERABLE COMMUNITIES	30,000
THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	NONE	PC	SUBSTANCE USE TREATMENT AND DIVERSION PROGRAM	25,000
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N MOZART ST CHICAGO, IL 60618	NONE	PC	UCAN NORTH LAWDALE CAMPUS - CAPITAL REQUEST	25,000
WOMEN'S REPRODUCTIVE RIGHTS ASSISTANCE PROJECT 2934 1/2 BEVERLY GLEN CIRCLE 169 LOS ANGELES, CA 90077	NONE	PC	GENERAL OPERATING SUPPORT	25,000
Total . . . . . ▶ 3a				740,000

TY 2016 Accounting Fees Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,600	330		5,940

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491170001657

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE EQUIPMENT	2006-09-01	7,548	7,548	SL	7 000000000000	0	0		
LAP TOP COMPUTER	2012-05-16	653	228	SL	10 000000000000	65	0		
LENOVO IDEACENTER COMPUTER	2016-04-11	917		SL	5 000000000000	92	0		
DESK AND CONFERENCE TABLE	2016-06-14	1,250		SL	10 000000000000	63	0		

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TY 2016 Investments Corporate Stock Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	996,082	996,082

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TY 2016 Investments - Other Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	11,510,526	11,510,526
PARTNERSHIPS	AT COST	902,483	902,483
EXCHANGE TRADED FUNDS	FMV	685,570	685,570

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TY 2016 Land, Etc. Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE EQUIPMENT	7,548	7,548	0	
LAP TOP COMPUTER	653	293	360	
LENOVO IDEACENTER COMPUTER	917	92	825	
DESK AND CONFERENCE TABLE	1,250	63	1,187	

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TY 2016 Other Assets Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CASH SURRENDER VALUE - INSURANCE	234,639	243,213	243,213
BENEFICAL INTEREST IN A PERPETUAL TRUST	343,308	343,890	343,890

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TY 2016 Other Expenses Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	47,384	2,369		42,646

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TY 2016 Other Income Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	16,147	14,825	16,147

TY 2016 Other Increases Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Description	Amount
UNREALIZED GAIN(LOSS) ON INVESTMENTS	858,570
UNREALIZED GAIN(LOSS) ON INVESTMENTS	582

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TY 2016 Other Professional Fees Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	57,684	57,684		0

TY 2016 Taxes Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	11,506	575		10,355
FEDERAL EXCISE TAX	7,575	0		0
FOREIGN TAXES	7,004	7,004		0

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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 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

2016

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

Organization type (check one)

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

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

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other 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 990PF, 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	Employer identification number
GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	36-2167090

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM C MADLENER TRUST C/O US TRUST 231 S LASALLE ST CHICAGO, IL60697	$ 17,502	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	INGRED HIBBELER 500 N WESTERN AVE LAKE FOREST, IL60045	$ 3,489	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	Employer identification number
GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	36-2167090

Part II Noncash Property

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

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

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

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

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	