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2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 07-01-20)16 , ar	nd er	nding 06-30-	2017	
		indation I'S CARE FOUNDATION			A Employer ide	entification numbe	er
Ci	IILDIKLI	13 CARE FOOTBATION			36-6088708		
		l street (or P O box number if mail is not delivered to street address) CHIGAN AVE NO 1005	Room/suite		B Telephone nu	mber (see instructio	ns)
,	37 14 1411	CHICAN AVE NO 1003			(312) 201-0540	l	
		, state or province, country, and ZIP or foreign postal code L 60601	1		C If exemption	application is pendir	ng, check here
G Cł	neck al	I that apply Initial return Initial return of a	former public charity		D 1. Foreign or	ganizations, check h	ere
		Final return Amended return	,			ganızatıons meeting	
		☐ Address change ☐ Name change				k here and attach co	· -
H C	neck ty	pe of organization \square Section 501(c)(3) exempt private	foundation			ındatıon status was n 507(b)(1)(A), che	
	Section	4947(a)(1) nonexempt charitable trust Other taxable	private foundation				
of	year <i>(f</i>	tet value of all assets at end from Part II, col (c), S 60,195,170	Cash Accru	al		ition is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		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	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	372,650)			(dasir basis silly)
	2	Check ► ☐ If the foundation is not required to attach					
	3	Sch B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,129,758	,	1,129,758		
	5a	Gross rents					
	ь	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	2,405,934				
Revenue	ь	Gross sales price for all assets on line 6a					
3ev	7	32,596,392 Capital gain net income (from Part IV, line 2)			2,405,934		
_	8	Net short-term capital gain			2,403,554		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	46,278	3	0		
	12	Total. Add lines 1 through 11	3,954,620		3,535,692		
	13	Compensation of officers, directors, trustees, etc	290,500		0		285,500
	14	Other employee salaries and wages					
6S	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)					
Administrative Expenses	ь	Accounting fees (attach schedule)	32,236		0		32,236
e E	С	Other professional fees (attach schedule)	138,545		138,545		(
ati	17	Interest	MA.1				ļ
<u>st</u>	18	Taxes (attach schedule) (see instructions)	25,577		0		19,392
Ξ	19	Depreciation (attach schedule) and depletion	1,849		0		
AG	20	Occupancy	30,287		0		30,287
ב כ	21	Travel, conferences, and meetings	1,338		0		1,338
ਰ ਹ	22 23	Other expenses (attach schedule)	25,487		0		25,487
Operating and	24	Total operating and administrative expenses.	25,407				25,407
era		Add lines 13 through 23	545,819	,	138,545		394,240
o	25	Contributions, gifts, grants paid	2,417,302	1	100,043		2,757,302
	26	Total expenses and disbursements. Add lines 24 and					
		25	2,963,121		138,545		3,151,542
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	991,499	<u>L</u>			
	ь	Net investment income (If negative, enter -0-)			3,397,147		
	С	Adjusted net income(If negative, enter -0-)					
For	Daner	work Reduction Act Notice, see instructions.	· 		Cat No. 11380V	, <u> </u>	rm 000-BE (2016

Form 990-PF (2016) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II Balance Sheets should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash—non-interest-bearing 945,541 2 Savings and temporary cash investments 929,695 929.695 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 ▶			
ķ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	13,763	14,579	14,579
As	10a	Investments—U S and state government obligations (attach schedule)	17,792,050	17,846,518	17,846,51
	ь	Investments—corporate stock (attach schedule)	24,151,998	% 25,537,169	25,537,169
	С	Investments—corporate bonds (attach schedule)	2,902,342	2,809,707	2,809,70
	11	Investments—land, buildings, and equipment basis ▶			
	I				

وچ

118,418

1,033,431

43,182,197

13,592,717

56,774,914

57.808.345

6,218,323

3,378

6,835,801

34,406

540,000

108,562

682,968

45,762,304

13,749,898

59,512,202

60.195.170

1 2

3

4

5

6

56,774,914

991,499

1,745,789

59,512,202

59,512,202 Form **990-PF** (2016)

60,195,170

6,218,323

6,835,801

60,195,170

3,378

Less accumulated depreciation (attach schedule) ▶ 12 Investments—other (attach schedule) 5,558,498 13 14 Land, buildings, and equipment basis 699 Less accumulated depreciation (attach schedule) ▶ 8,481 15 Other assets (describe > _ (چە 6,443,454 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 57,808,345 17 Accounts payable and accrued expenses . 35,013 18 Grants payable. 880,000 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Liabilities

Fund Balances

ō

Assets 27

Net 30

21 22

23

24

25

26

28

29

31

Part III

2

3

Other liabilities (describe -_

Unrestricted

Temporarily restricted Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Page 3

2,405,934

(d)

Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) 2,405,934 d e If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 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 -0-3 in Part I, line 8 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 Yes
 ✓ No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? 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) (b) Base period years Calendar Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets (col (b) divided by col (c)) year (or tax year beginning in) 2015 3,119,722 52,396,385 0 059541 2014 2,495,505 0 045940 54,320,378 2013 2,408,192 56,592,153 0 042553 2012 2,308,459 49,822,817 0 046333 2011 2,072,942 44,160,595 0 046941 0 241308 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

2,405,934 0 048262 number of years the foundation has been in existence if less than 5 years 4 52,573,032 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 5 2,537,280 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 33,971 7 **7** Add lines 5 and 6 2,571,251 8 Enter qualifying distributions from Part XII, line 4 3,151,542 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

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CHICAGO EQUITY PARTNERS	PROFESSIONAL FEES	138,545
180 N LASALLE ST		
CHICAGO, IL 60601		
	-	
	┪	
	7	
Total number of others receiving over \$50,000 for professional services	s	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incorpanizations and other beneficiaries served, conferences convened, research pape		Expenses
1 NOT APPLICABLE	no produced, etc	0
2		
3		
4		
Printed Commence (Borner of Boltzel Translation)	(
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation	· · · · · · · · · · · · · · · · · · ·	
1	during the tax year on lines I and 2	Amount
<u>*</u>		
-		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
Total Add Inics I tillough 5	<u> </u>	Form 990-PF (2016)
		1 UIIII 22U-PF (2U10)

2 Amounts set aside for specific charitable projects that satisfy the 3

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

3.151.542

3.117.571

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33.971

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

4

5

287,285

2,307,396

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0

Page 9

Form	990-PF (2	016)
Pai	rt XIII	U

Form 990-PF (2	016)
Part XIII	Un

b Total for prior years

a From 2011. **b** From 2012. . . . c From 2013. . d From 2014. . . . e From 2015.

90-PF (2	016)
XIII	Undistribu

		/				
P	art XIII	Undistrib	uted	Inc	ome	e
1	Distributab	le amount for	2016	from	Part	

a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years

c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must

be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)

8 Excess distributions carryover from 2011 not

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . d Excess from 2015. . e Excess from 2016. .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

XI, line 7 2 Undistributed income, if any, as of the end of 2016

(see instructions)

Corpus

(a)

331.961

0

(b)

Years prior to 2015

(c)

2015

2,532,296

2,532,296

(Election required—see instructions). 9 c Treated as distributions out of corpus (Election 331,961 required—see instructions). **d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus 0 5 Excess distributions carryover applied to 2016 (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 5 331,961 b Prior years' undistributed income Subtract line 4b from line 2b

Form 990-PF (2016)				Page 11				
Part XV Supplementary Information	ation (continued)							
3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount				
a Paid during the year See Additional Data Table								
Total			▶ 3a	2,757,302				
 b Approved for future payment CHICAGO HOPE ACADEMY 2189 W BOWLER ST CHICAGO, IL 60612 	NONE	PC	GENERAL SUPPORT	40,000				
SAINT BERNARD HOSPITAL AND HEALTH CARE CENTER 326 W 64TH ST CHICAGO, IL 60621	NONE	PC	GENERAL SUPPORT	500,000				
			▶ 3b	540,000				
10(a)				Form 990-PF (2016)				
				101111 330-PF (2010)				

Part XVI	-A Analysis of Income-Producing	ACTIVITIES		T		
ter gross	amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exemp function income
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
				1		
f						
g Fees	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash ments					
	ds and interest from securities.			14	1,129,758	
Net ren	tal income or (loss) from real estate				· · ·	
a Debt-	financed property					
	ebt-financed property					
Net re	ntal income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than cory			14	2,405,934	
	ome or (loss) from special events			14	2,403,934	
	profit or (loss) from sales of inventory					
Other r	, ,					
a COMM	ISSION RECAPTURE			01	4,094	
	AL EXCISE TAX CREDIT			01	14,856	
	REVENUE			01		27,3
	al Add columns (b), (d), and (e).			0	2 554 642	27.2
	Add line 12, columns (b), (d), and (e)			0	3,554,642 3	27,3 3,581,97
	neet in line 13 instructions to verify calculation					5,005,00
art XVI	-B Relationship of Activities to th	e Accomplish	ment of Exen	npt Purposes		
ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)	income is reporte empt purposes (c	d in column (e) o other than by pro	of Part XVI-A contribu oviding funds for such	ted importantly to purposes) (See	
<u> </u>	REVENUE GENERATED FROM THE FUNDING,	ADMINISTRATION	I OR RETURN OF	GRANTS		
<u> </u>	, and the second of the second					
-						

orm 990-	-PF (2016)				Pa	ge 1 3
Part X	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		directly engage in any of the following with a in 501(c)(3) organizations) or in section 527,	iny other organization described in section 501 relating to political organizations?		Yes	No
a Transf	ers from the reporting four	dation to a noncharitable exempt organization	n of			
(1)	Cash			1a(1)		No
(2)	Other assets			1a(2)		No
b Other	transactions					
(1) 5	ales of assets to a nonchar	itable exempt organization		1b(1)		No
(2) F	urchases of assets from a r	noncharitable exempt organization		1b(2)		No
(3) F	tental of facilities, equipme	nt, or other assets		1b(3)		No
(4) F	teimbursement arrangemer	ts		1b(4)		No
(5) L	oans or loan guarantees.			1b(5)		No
(6) Pe	erformance of services or m	embership or fundraising solicitations		1b(6)		No
c Sharır	ng of facilities, equipment, r	nailing lists, other assets, or paid employees.		1c		No
of the	goods, other assets, or ser	vices given by the reporting foundation If thingement, show in column (d) the value of the	olumn (b) should always show the fair market vertice foundation received less than fair market valuate goods, other assets, or services received			
(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ırıng arran	igemen	ts

(4) Re	ımbursement arrangemen	its				1b(4)	No
(5) Lo	ans or loan guarantees.					1b(5)	No
(6) Per	formance of services or m	embership or fund	raising solicitations			1b(6)	No
c Sharing	of facilities, equipment, n	nailing lists, other	assets, or paid employees			1c	No
of the g in any t	oods, other assets, or ser ransaction or sharing arra	vices given by the ingement, show in	reporting foundation If the column (d) the value of t	e foundation he goods, of	should always show the fair market in received less than fair market va ther assets, or services received	lue	
(a) Line No	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Des	cription of transfers, transactions, and sh	arıng arrangem	ents
describe	oundation directly or indirectly or indirectly or indirectly of the complete the following si	Code (other than	•			☐ Yes 🗸	l No
	(a) Name of organization		(b) Type of organiza	ation	(c) Description of rela	tionship	

(a) Line No	(B) Filliounic inivolved	(e) Hanne or i	TOTICHATICADIC CAC	impe or garnizacion	(-)	soci ipcioni oi	cranbrers, cranbacció	is, and sharing arrangements
		-						
	ed in section 501(c) of the complete the following s (a) Name of organization	chedule		O1(c)(3)) or in sec b) Type of organizati		7		☐ Yes ☑ No
	• • • • • • • • • • • • • • • • • • • •		`	· //			, , ,	•
						+		
of		f, it is true, co						statements, and to the best based on all information of
	*****			2018-03-20		*****		May the IRS discuss this return
Here				2010-03-20	\			with the preparer shown below
	Signature of officer or t	rustee		Date		Title		(see instr)? ✓ Yes ☐ No
	5							
	Print/Type preparer's	s name	Preparer's Sig	nature	Date		Check if self-	PTIN
							Check ii seii-	P01310867

P01310867 employed ▶ □ MELISSA E STRUCK 2018-03-07 Paid

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶41-0746749 Firm's address ▶ 1301 W 22ND ST STE 1100 OAK BROOK, IL 60523

Preparer Use Only

Phone no (630) 573-8600

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation EDWARD X CLINTON PRESIDENT 0 0 1 00 307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601 BRUCE E HUEY O VICE PRESIDENT O 1 00 307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601 GEORGE S TREES JR VICE PRESIDENT 0 1 00 307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601 MICHAEL REED SECRETARY/TREASURER 0 0 1.00 40 00 307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601 MS ROXANNE M WARBLE VICE PRES /ASSIST 129,083 0 EXEC D 307 N MICHIGAN AVENUE SUITE 1005 40 00 CHICAGO, IL 60601 PAUL GEAREN VICE PRESIDENT 0 1 00 307 N MICHIGAN AVENUE SUITE 1005

307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601	1 00			
HELEN BLOVSKY	VICE PRESIDENT	0	0	C
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601	1 00			
MR ROBERT L CAMPBELL	EXEC DIRECTOR	156,417	5,000	C

0

0

VICE PRESIDENT

1 00

CHICAGO, ID 60601

CHICAGO, ID 60601

307 N MICHIGAN AVENUE SUITE 1005

LEO LATZ

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

recipient

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ASPIRE OF ILLINOIS 9901 DERBY LANE WESTCHESTER, IL 60154	NONE	PC	GENERAL SUPPORT	50,140
AUTOMOTIVE MENTORING GROUP 6522 LAVERGNE AVENUE BEDFORD PARK, IL 60638	NONE	PC	GENERAL SUPPORT	10,000

BEDFORD PARK, IL 60638				
CAMP OF DREAMS 1235A NORTH CLYBOURN STE 362 CHICAGO, IL 60610	NONE	PC	GENERAL SUPPORT	10,000
CATHOLIC CHARITIES OF CHICAGO	NONE	PC	GENERAL SUPPORT	30,000

CAMP OF DREAMS 1235A NORTH CLYBOURN STE 362 CHICAGO, IL 60610	NONE	PC	GENERAL SUPPORT	10,00
CATHOLIC CHARITIES OF CHICAGO	NONE	PC	GENERAL SUPPORT	30,00

CHICAGO, IL 60610				
CATHOLIC CHARITIES OF CHICAGO 721 N LASALLE ST CHICAGO, IL 60654	NONE	PC	GENERAL SUPPORT	30,000

ı	•				
	CATHOLIC CHARITIES OF CHICAGO 721 N LASALLE ST CHICAGO, IL 60654	NONE	PC	GENERAL SUPPORT	30,000
ı					

CATHOLIC CHARITIES OF CHICAGO 721 N LASALLE ST CHICAGO, IL 60654	NONE	PC	GENERAL SUPPORT	30,000
CHICAGO A CAPPELLA	NONE	PC	GENERAL SUPPORT	5,000

CHICAGO, IL 60654				
CHICAGO A CAPPELLA 2936 N SOUTHPORT AVENUE RM 226 CHICAGO, IL 60657	NONE	PC	GENERAL SUPPORT	5,000

CHICAGO A CAPPELLA 2936 N SOUTHPORT AVENUE RM 226 CHICAGO, IL 60657	NONE	PC	GENERAL SUPPORT	5,00
Total				2,757,302

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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				
CHICAGO ARCHITECTURE FOUNDATION 224 S MICHIGAN AVE CHICAGO, IL 60604	NONE	PC	GENERAL SUPPORT	25,000
CHICAGO HOPE ACADEMY 2189 W BOWLER ST CHICAGO, IL 60612	NONE	PC	GENERAL SUPPORT	20,000
CHICAGO YOUTH SYMPHONY ORCHESTRAS 410 S MICHIGAN AVE STE 833 CHICAGO, IL 60605	NONE	PC	GENERAL SUPPORT	25,000
CHILDREN'S CLINIC FKA OAK PARK RIVER FOREST INFANT WELFARE SOCIET 320 LAKE ST OAK PARK, IL 60302	NONE	PC	GENERAL SUPPORT	30,000
CIRCLE URBAN MINISTRIES 117 NORTH CENTRAL AVE CHICAGO, IL 60644	NONE	PC	GENERAL SUPPORT	25,000

Total . 3a 2,757,302

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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				
CLUSTER TUTORING 5460 WEST AUGUSTA BOULEVARD CHICAGO, IL 60651	NONE	PC	GENERAL SUPPORT	15,000
CORAZON A CORAZON 8235 SOUTH SHORE DR 2ND FL CHICAGO, IL 60617	NONE	PC	GENERAL SUPPORT	20,000
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR ST CHICAGO, IL 60622	NONE	PC	GENERAL SUPPORT	75,000
EXPERIMENTAL STATION 6100 S BLACKSTONE AVENUE CHICAGO, IL 60637	NONE	PC	GENERAL SUPPORT	25,000

100,000

2,757,302

ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR ST CHICAGO, IL 60622	NONE	PC	GENERAL SUPPORT	
EXPERIMENTAL STATION 6100 S BLACKSTONE AVENUE CHICAGO, IL 60637	NONE	PC	GENERAL SUPPORT	
FAMILY CHRISTIAN HEALTH CENTER	NONE	PC	GENERAL SUPPORT	

31 W 155TH ST HARVEY, IL 60426

> Total . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FREE SPIRIT MEDIA NONE PC GENERAL SUPPORT 30,000 1327 W WASHINGTON BLVD CHICAGO, IL 60607 NONE PC 50,000 HAROLD COLBERT JONES MEMORIAL GENERAL SUPPORT CENTER 220 E 15TH ST CHICAGO HEIGHTS, IL 60411 HIGHSIGHT 315 W WALTON ST NONE PC GENERAL SUPPORT 36,000 CHICAGO, IL 60610 HOLY FAMILY MINISTRIES NONE PC GENERAL SUPPORT 100,000 3415 W ARTHINGTON CHICAGO, IL 60624

PC

GENERAL SUPPORT

35,000

2,757,302

HOUSE OF THE GOOD SHEPHERD

114 W GRACE ST CHICAGO, IL 60613

3a

NONE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NORTH LAWNDALE COLLEGE NONE PC. GENERAL SUPPORT 25,000 PREPARATORY CHARTER HIGH SCHOOL 1615 SOUTH CHRISTIANA AVENUE CHICAGO, IL 60623 NORWEGIAN AMERICAN DENTAL NONE PC GENERAL SUPPORT 600,000 PROGRAM 1044 NORTH FRANCISCO AVENUE CHICAGO, IL 60622 PEACE CORNER 5022 W MADISON NONE PC PUBLIC SUPPORT 25,000 CHICAGO, IL 60644 PRIMO CENTER FOR WOMEN AND NONE PC GENERAL SUPPORT 50.000 CHILDREN 6212 SANGAMON STREET CHICAGO, IL 60621 RESTORATION MINISTRIES NONE PC GENERAL SUPPORT 25.000

2,757,302

253 E 159TH STREET HARVEY, IL 60426

Total . . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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					
SAINT ANGELA SCHOOL 1332 N MASSASOIT AVENUE CHICAGO, IL 60651	NONE	PC	GENERAL SUPPORT	46,162	
SAINT BERNARD HOSPITAL AND HEALTH CARE CENTER 326 W 64TH ST CHICAGO, IL 60621	NONE	PC	GENERAL SUPPORT	530,000	
SAINT JOSEPH SERVICES 1501 N OAKLEY BLVD CHICAGO, IL 60622	NONE	PC	GENERAL SUPPORT	25,000	
SALVATION ARMY METROPOLITAN DIVISION 5040 N PULASKI RD CHICAGO, IL 60630	NONE	PC	GENERAL SUPPORT	100,000	
SOUTH SHORE DRILL TEAM & PERFORMING ARTS ENSEMBLE 7218 S SOUTH CHICAGO AVE CHICAGO, IL 60619	NONE	PC	GENERAL SUPPORT	30,000	
Total				2,757,302	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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					
ST MARY OF THE LAKE 1026 W BUENA AVE CHICAGO, IL 60613	NONE	PC	GENERAL SUPPORT	35,000	
TCA HEALTH INC 1029 E 130TH STREET CHICAGO, IL 60628	NONE	PC	GENERAL SUPPORT	100,000	
THE LEADERSHOP 4903 S WILLOW SPRINGS ROAD LA GRANGE, IL 60525	NONE	PC	GENERAL SUPPORT	15,000	
UCP SEGUIN SERVICES OF GREATER CHICAGO 3100 S CENTRAL AVENUE CICERO, IL 60804	NONE	PC	GENERAL SUPPORT	35,000	

4903 S WILLOW SPRINGS ROAD LA GRANGE, IL 60525	NONE		SEMERAL SOLI SIKI	
UCP SEGUIN SERVICES OF GREATER CHICAGO 3100 S CENTRAL AVENUE CICERO, IL 60804	NONE	PC	GENERAL SUPPORT	
URBAN INITIATIVES	NONE	PC	GENERAL SUPPORT	

25,000 650 W LAKE SUITE 340 CHICAGO, IL 60661

Total .

2,757,302 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WORKING IN THE SCHOOLS NONE PC GENERAL SUPPORT 25,000 27 EAST MONROE STE 1400 CHICAGO, IL 60603

YOUTH GUIDANCE ONE NORTH LASALLE STREET CHICAGO, IL 60602	NONE	PC	GENERAL SUPPORT	50,000
LOYOLA MOBILE PEDIATRIC CLINIC 2160 SOUTH FIRST AVENUE		PC	GENERAL SUPPORT	300,000

ONE NORTH LASALLE STREET CHICAGO, IL 60602			
LOYOLA MOBILE PEDIATRIC CLINIC 2160 SOUTH FIRST AVENUE CHICAGO, IL 60152	PC	GENERAL SUPPORT	300,0

3a

LOYOLA MOBILE PEDIATRIC CLINIC 2160 SOUTH FIRST AVENUE CHICAGO, IL 60152	PC	GENERAL SUPPORT	300,00
Total	 		2,757,302

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491095013098							
TY 2016 Accounting Fees Schedule							
	Name	CHII DRE	N'S CARE FOUNT	ΔΤΙΩΝ			
Name: CHILDREN'S CARE FOUNDATION							
	EIN:	36-6088	/08				
Category	Am	ount	Net Investmen	t Adjusted N	et Disbursements		
			Income	Income	for Charitable		
					Purposes		
				- I			

ACCOUNTING 32,236 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491095013098 TY 2016 Distribution from Corpus Election Name: CHILDREN'S CARE FOUNDATION **EIN:** 36-6088708 Election: FORM 990PF, PART XIII, LINCE 4C, COLUMN AREGULATION REFERENCE 53.4942(A)-3(D)(2)ELECTION: PURSUANT TO INCOME TAX REGULATION SECTION 53.4942(A)-3(D)(2), THE FOUNDATION ELECTS

REFERENCE 53.4942(A)-:
REGULATION SECTION 5
TO TREAT QUALIFYING D
DISTRIBUTIONS OUT OF
CORPUS.

REGULATION SECTION 53.4942(A)-3(D)(2), THE FOUNDATION ELECTO TREAT QUALIFYING DISTRIBUTIONS FOR 2016 OF \$331,961 AS

CORPUS. WARBLEASSISTANT EXECUTIVE DIRECTOR

ROXANNE

Name of Bond	End of Year B	 Book
EIN:	36-6088708	

2,809,707

Value

End of Year Fair

2,809,707

Market Value

DLN: 93491095013098

Name: CHILDREN'S CARE FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

BANK OF AMERICA - SEE PDF ATTACHMENT

Y 2016 Investments Corporate Stock Schedu	le

Name: CHILDREN'S CARE FOUNDATION

Name of Stoc	k	End of
EIN:	36-6088708	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

BANK OF AMERICA - SEE PDF ATTACHMENT

Value

DLN: 93491095013098

of Year Book

25,537,169

End of Year Fair Market Value

25,537,169

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491095013098
TY 2016 Investments Government	nent Obligati	ions Schedule	
Name:	CHILDREN'S C	ARE FOUNDATION	
EIN:	36-6088708		
US Government Securities - End of Year Book Value:	1	7,846,518	
US Government Securities - End of Year Fair Market Value:	1	7,846,518	
State & Local Government Securities - End of Year Book Value:		0	
State & Local Government Securities - End of Year Fair Market Value:		0	

TY 2016	Investments	- Other	Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: CHILDREN'S CARE FOUNDATION

FIN: 36-6088708

22111 30 0000700	3		
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EQUITY MUTUAL FUNDS - SEE PDF ATTACHMENT	FMV	2,679,201	2,679,201
REITS - SEE PDF ATTACHMENT	FMV	518,582	518,582
EXCHANGE-TRADED FUNDS - SEE PDF ATTACHMENT	FMV	3,020,540	3,020,540

DLN: 93491095013098

TY 2016 Land, Etc.	TY 2016 Land, Etc. Schedule			
	•	TV 2016 Land Etc		
	Schedule	-		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

COMPUTER AND EQUIPMENT

Name: CHILDREN'S CARE FOUNDATION

8,481

DLN: 93491095013098

3,378

3,378

	E114. 30-0000700			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

11,859

36-6088708

TY 2016 Other Assets Schedule

Name: CHILDREN'S CARE FOUNDATION

EIN: 36-6088708

Other Assets Schedule			
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	103,882	121,100	121,100
SECURITY DEPOSIT	2,410	2,410	2,410
OTHER ASSET	4,914	4,916	4,916
BENEFICIAL INTEREST IN TRUSTS	6.332.248	6,707,375	6.707.375

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491095013098
TY 2016 Other Expenses Sche	dule			
ı				
Name:	CHILDREN'S CA	ARE FOUNDATION	1	
EIN:	36-6088708			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ASSOCIATION MEMBERSHIP	750	0	· 	750
COMPUTER EXPENSE	80	0		80
INSURANCE	23,586	0	· 	23,586

OFFICE EXPENSE

BANK FEES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491095013098

Name: CHILDREN'S CARE FOUNDATION EIN: 36-6088708

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
COMMISSION RECAPTURE	4,094		4,094
FEDERAL EXCISE TAX CREDIT	14,856		14,856
OTHER REVENUE	27,328		27,328

efile GRAPHIC print - DO NOT PROCESS		DLN: 93491095013098	
TY 2016 Other Increases Sche			
Name:	CHILDREN'S C	CARE FOUNDATION	
EIN:	36-6088708		
De	escription		Amount
UNREALIZED GAIN ON INVESTMENTS			1,370,662
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS		375,127	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		Di	LN: 93491095013098
TY 2016 Other Liabilities Sche	dule			
Name:	CHILDREN'S C	CARE FOUND	ATION	
EIN:	36-6088708			
Description	n	1	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED COMPENSATION PAYABLE			60,000	65,000
DEFERRED EXCISE TAX			58,418	43,562

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491095013098							
TY 2016 Other Professional Fees Schedule							
Name: CHILDREN'S CARE FOUNDATION							
EIN: 36-6088708							
Category Amount Not Toyoctment Adjusted Not Dishursements							

Category Amount Net Investment Income Income Disbursements Output Disbursements For Charitable Purposes		EIN: 30-0088/08	,		
	Category	Amount		_	

125,006

13,539

125,006

13,539

INVESTMENT MANAGEMENT FEES

INVESTMENT CUSTODIAL FEES

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DL	N: 93491095013098
TY 2016 Taxes Schedule				
				1
Nam	ne: CHILDREN'S	CARE FOUNDATIO	N	
EI	IN: 36-6088708	,		
Catagory	Amount	Net Investment	Adjusted Not	Disbursements
Category	Amount	Income	Adjusted Net Income	for Charitable Purposes
PAYROLL TAX	19,392	0		19,392

6,185

EXCISE TAXES

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -		DLN: 93491095013098
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its in www.irs.gov/form990	nstructions is at	2016
Name of the organizat CHILDREN'S CARE FOUN		Employer id	dentification number
		36-6088708	
Organization type (ch	eck 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 foun	dation	
	501(c)(3) taxable private foundation		
	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, co or property) from any one contributor. Complete Parts I and II. See instruction		
Special Rules			
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-ny one contributor, during the year, total contributions of the greater of (1) the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	-EZ), Part II, line 13,	16a, or 16b, and that
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the total contributions of more than \$1,000 exclusively for religious, charitable the prevention of cruelty to children or animals. Complete Parts I, II, and II	, scientific, literary, o	
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the contributions exclusively for religious, charitable, etc., purposes, but no subsched, enter here the total contributions that were received during the year that complete any of the parts unless the General Rule applies to this organizable, etc., contributions totaling \$5,000 or more during the year	ich contributions tota for an <i>exclusively</i> re cation because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does ret it must answer "No" on Part IV, line 2, of its Form 990, or check the box of Form 990PF, Part I, line 2, to certify that it does not meet the filing requirem	on line H of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2016)

Name of organization CHILDREN'S CARE FOUNDATION

Employer identification number

36-	 200	70	١n

		36-6088708	8
Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is nee	ded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	s ————	Person Payroll Noncash Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution) (d) Type of contribution
		5	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution) (d) Type of contribution
		<u> </u>	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contribution) (d) Type of
No.	Name, address, and ZIP + 4	Total contributions	contribution Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
		B	Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution) (d) Type of contribution
		8	Person Payroll Noncash (Complete Part II for noncash contribution)

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization		Employer identi	fication number
CHIEBREN'S CARE FOR		36-60	88708
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Additional Data

Software ID:

Software Version:

EIN: 36-6088708

Name: CHILDREN'S CARE FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	AVA W FARWELL TRUST		Person 🗸
<u>1</u>			Payroll 🗍
	231 S LASALLE ST	\$ 72,870	
	CHICAGO, IL60697		Noncash \square
	511611667,1266657		(Complete Part II for nor contribution)
	LYDIA FREDERICK TRUST		Person 🗸
<u>2</u>			· ·
	50 S LASALLE ST	\$ 23,776	Payroll 🗌
	CHICAGO IL COCZE	\$25,770	Noncash \square
	CHICAGO, IL60675		(Complete Part II for nor
	MARY MEDLOCK TRUST		contribution)
<u>3</u>	MART MEDEOCK TROST		Person 🗸
-	ONE FIRST NATIONAL PLAZA		Payroll 🗌
		\$ 82,648	Noncash \Box
	CHICAGO, IL60670		(Complete Part II for nor
			contribution)
	WILLIAM WATSON TRUST		Person 🗸
<u>4</u>			Payroll 🗌
	ONE FIRST NATIONAL PLAZA	\$ 33,125	Noncash \Box
	CHICAGO, IL 60670		
			(Complete Part II for non contribution)
	LOUISE MAY WHITEHOUSE TRUST		Person 🗸
<u>5</u>			Payroll \square
	50 S LASALLE ST	\$ 7,577	. :
	CHICAGO IL 60675		Noncash \square
	CHICAGO, IL60675		(Complete Part II for non
	CAROLINE WILLIAMS CHARITABLE TRUST		contribution)
<u>6</u>	GROLINE WILLIAMS CHARLIADLE TROST		Person 🗸
	231 S LASALLE ST		Payroll 🗌
		\$ 9,610	Noncash \Box
	CHICAGO, IL60697		(Complete Part II for nor
			contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions GEORGE WILLIAMS CHARITABLE TRUST Person **V** Payroll 231 S LASALLE ST \$ 9,965 Noncash \square CHICAGO, IL60697 (Complete Part II for noncash contribution) HOBART W WILLIAMS CHARITABLE TRUST Person **V** 8 Payroll 231 S LASALLE ST \$ 113,817 Noncash CHICAGO, IL60697 (Complete Part II for noncash contribution) THE CHICAGO COMMUNITY TRUST Person Payroll 111 EAST WACKER DR 1400 \$ 12,512 Noncash CHICAGO, IL60601 (Complete Part II for noncash contribution)